

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: AL
APPLICATION YEAR: 2006

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 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: Alabama Department of Public Health		Organizational Unit: Bureau of Family Health Services	
Address (give city, county, state and zip code) 201 Monroe Street The RSA Tower Montgomery, AL 36104 County: Montgomery		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Chris R. Haag, MPH Tel Number: 334-206-5331	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A	
<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> </div>		A. State B. County C. Municipality D. Township E. Interstate F. Intermunicipality G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div> TITLE: Maternal and Child Health Services Block Grant		Maternal and Child Health Services Block Grant	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.):			
Alabama (Statewide)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant Statewide	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 12,348,338.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 0.00		
c. State	\$ 22,604,116.00		
d. Local	\$ 0.00		
e. Other	\$ 4,217,138.00		
f. Program Income	\$ 33,592,222.00		
g. TOTAL	\$ 72,761,814.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT	
		<input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number
Donald E. Williamson, MD		State Health Officer	334-206-5200
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: AL

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 12,348,338

A.Preventive and primary care for children:

\$ 5,418,077 (43.88%)

B.Children with special health care needs:

\$ 3,951,468 (32%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,234,833 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 22,604,116

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 4,217,138

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 33,592,222

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 15,408,615

\$ 60,413,476

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 72,761,814

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 636,335

b. SSDI: \$ 89,363

c. CISS: \$ 43,113

d. Abstinence Education: \$ 998,400

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 112,802,512

h. AIDS: \$ 2,081,922

i. CDC: \$ 553,783

j. Education: \$ 0

k. Other: \$ 0

Hemophilia of GA. \$ 28,700

Immunizations \$ 20,496,121

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 137,730,249

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 210,492,063

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AL

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,956,792	\$ 12,609,492	\$ 12,415,310	\$ 0	\$ 12,348,338	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 43,037,317	\$ 22,184,638	\$ 25,410,662	\$ 0	\$ 22,604,116	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 3,475,487	\$ 3,126,210	\$ 3,301,009	\$ 0	\$ 4,217,138	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 16,241,761	\$ 36,024,113	\$ 32,428,814	\$ 0	\$ 33,592,222	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 75,711,357	\$ 73,944,453	\$ 73,555,795	\$ 0	\$ 72,761,814	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 117,282,825	\$ 137,725,020	\$ 115,989,200	\$ 0	\$ 137,730,249	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 192,994,182	\$ 211,669,473	\$ 189,544,995	\$ 0	\$ 210,492,063	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AL

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,487,088	\$ 9,027,236	\$ 12,613,192	\$ 16,227,189	\$ 12,905,145	\$ 13,971,117
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 31,007,981	\$ 35,597,748	\$ 35,749,271	\$ 42,589,942	\$ 35,708,823	\$ 24,658,656
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 2,719,368	\$ 2,881,101	\$ 3,053,905	\$ 2,900,486	\$ 3,282,697	\$ 2,926,480
6. Program Income <i>(Line6, Form 2)</i>	\$ 31,584,066	\$ 11,415,109	\$ 13,888,400	\$ 15,005,236	\$ 13,744,448	\$ 30,602,483
7. Subtotal <i>(Line8, Form 2)</i>	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853	\$ 65,641,113	\$ 72,158,736
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 105,133,629	\$ 120,530,777	\$ 118,534,552	\$ 117,643,099	\$ 120,170,615	\$ 116,104,760
9. Total <i>(Line11, Form 2)</i>	\$ 182,932,132	\$ 179,451,971	\$ 183,839,320	\$ 194,365,952	\$ 185,811,728	\$ 188,263,496
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
State expenditures decreased from budget by approximately 31% due to an overprojection of expenditures which included medicaid dollars in error. Corrections have been made to the ADPH spreadsheet to prevent this in future submissions.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
FY 04 Budget was based on higher FY02 activity which was prior to revenue shortfalls affecting program spending in late 2003 into 2004 (See Section III.B.Narrative). Expenditures were comparable to FY 2003. Expenditures and activity will continue to decline as Department's role in providing services changes.
3. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
Expenditures in other funds exceeded budget by 10.85% due to an overestimate of expenditures.
4. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2004
Field Note:
Expenditures decreased from budget by 10.04%. While there was a slight increase in expenditures from FY 2003, the Budget in FY 2004 was based on expected growth and did not reflect changes in reduced funding levels experienced by the Program.
5. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
Program income increased from budget by over 120% due to an underprojection of income which excluded medicaid dollars in error. Corrections have been made to the ADPH spreadsheet to prevent this in future submissions.
6. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
FY 04 Budget based lower FY 02 activity. A previous correction to FY 03 program income was made to reflect under projection of Medicaid dollars that was excluded. This change is reflected in FY 04 increase. In addition, to approx. \$4.0 million program income from Family Planning Care Coordination previously excluded (corrections have been made to ADPH spreadsheet reflect this change in future submissions) and approx. \$1.7 million total increase in MAR/EPST Care Coordination.
7. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
FY 04 Budget based on an continuing estimate for WIC from previous years that was not updated to reflect actual WIC support. FY 04 expended was adjusted approx \$23 million to reflect WIC's actual contribution. Correction made to ADPH spreadsheets to reflect this change for future submissions.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AL

	FY 2004		FY 2005		FY 2006	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 10,236,175	\$ 8,206,655	\$ 10,236,175	\$ 0	\$ 8,065,538	\$ 0
b. Infants < 1 year old	\$ 8,213,524	\$ 8,638,410	\$ 7,182,732	\$ 0	\$ 7,963,034	\$ 0
c. Children 1 to 22 years old	\$ 26,203,635	\$ 27,217,706	\$ 23,238,228	\$ 0	\$ 25,089,746	\$ 0
d. Children with Special Healthcare Needs	\$ 26,784,022	\$ 26,403,483	\$ 28,624,659	\$ 0	\$ 28,225,106	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 4,274,001	\$ 3,478,199	\$ 4,274,001	\$ 0	\$ 3,418,390	\$ 0
g. SUBTOTAL	\$ 75,711,357	\$ 73,944,453	\$ 73,555,795	\$ 0	\$ 72,761,814	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 661,902	\$ 510,900	\$ 636,335
b. SSDI	\$ 90,000	\$ 142,075	\$ 89,363
c. CISS	\$ 80,128	\$ 98,797	\$ 43,113
d. Abstinence Education	\$ 975,583	\$ 984,200	\$ 998,400
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 90,000,000	\$ 90,000,000	\$ 112,802,512
h. AIDS	\$ 1,826,788	\$ 2,110,669	\$ 2,081,922
i. CDC	\$ 724,703	\$ 704,200	\$ 553,783
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Hemophilia of GA.	\$ 0	\$ 0	\$ 28,700
Immunizations	\$ 22,895,021	\$ 21,409,659	\$ 20,496,121
Hemophilia of GA	\$ 0	\$ 28,700	\$ 0
AIDS (CRS)	\$ 28,700	\$ 0	\$ 0
III. SUBTOTAL	\$ 117,282,825	\$ 115,989,200	\$ 137,730,249

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AL

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 33,300,410	\$ 11,176,557	\$ 17,086,490	\$ 10,494,746	\$ 12,365,807	\$ 9,945,527
b. Infants < 1 year old	\$ 9,280,223	\$ 5,639,514	\$ 4,571,334	\$ 8,965,146	\$ 5,136,388	\$ 7,313,766
c. Children 1 to 22 years old	\$ 7,098,487	\$ 15,839,261	\$ 14,992,942	\$ 28,601,535	\$ 18,276,762	\$ 23,662,161
d. Children with Special Healthcare Needs	\$ 22,462,792	\$ 21,510,440	\$ 22,123,525	\$ 24,330,326	\$ 24,564,381	\$ 26,449,748
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 5,656,591	\$ 4,755,422	\$ 6,530,477	\$ 4,331,100	\$ 5,297,775	\$ 4,787,534
g. SUBTOTAL	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853	\$ 65,641,113	\$ 72,158,736
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 661,902	
b. SSDI	\$ 98,536		\$ 109,747		\$ 107,369	
c. CISS	\$ 48,534		\$ 54,843		\$ 39,738	
d. Abstinence Education	\$ 1,081,058		\$ 1,081,058		\$ 1,178,097	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 90,000,000		\$ 90,000,000		\$ 90,000,000	
h. AIDS	\$ 0		\$ 695,856		\$ 654,435	
i. CDC	\$ 508,974		\$ 541,921		\$ 707,644	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
AIDS (CRS)	\$ 0		\$ 28,911		\$ 28,700	
Immunizations	\$ 12,329,082		\$ 0		\$ 26,792,730	
OAPP	\$ 160,476		\$ 163,397		\$ 0	
GENETIC GRANT	\$ 0		\$ 175,000		\$ 0	
IMMUNIZATION	\$ 0		\$ 25,683,819		\$ 0	
CRS(TBI,Hemo&Genetics)	\$ 309,922		\$ 0		\$ 0	
Ryan White	\$ 597,047		\$ 0		\$ 0	
III. SUBTOTAL	\$ 105,133,629		\$ 118,534,552		\$ 120,170,615	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
Expenditures for pregnant women were 19.2% less than budget and represent approximately 95% of funds expended in FY 2002. This is a continuing downward trend in services performed in our CHD's discussed in previous submissions.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
FY 04 Budget based on higher FY 02 activity. Expenditures for pregnant women were 19.8% less than budget and represent approx. 83% of the funds expended in FY 03. This is a continuing downward trend in service performed in our CHD's as discussed in previous submissions (See Section III.A.,B. Narrative).
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
Although FY 2003 expenditures for infants more than doubled the amount budgeted, they represent only 82% of the funds expended for infants in the previous year. This represents a continued downward trend of services performed in our CHD's.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
FY 2003 expenditures for children is consistent with the same downward trend in services for pregnant women and infants and although these funds show an increase of 16% when compared to budget, they represent only 83% of the funds expended in the previous year.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2004
Field Note:
Expenditures for FY 2004 decreased 18.6% when compared to the budget. In FY 2003 approximately \$985,000 in Departmental resources was made available to the program. These funds were not available in FY 2004.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AL

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 46,657,955	\$ 48,889,412	\$ 44,833,945	\$ 0	\$ 48,481,482	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,262,922	\$ 8,995,308	\$ 11,854,962	\$ 0	\$ 8,905,176	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,758,008	\$ 8,453,259	\$ 7,000,615	\$ 0	\$ 8,008,892	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 15,032,472	\$ 7,606,474	\$ 9,866,273	\$ 0	\$ 7,366,264	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 75,711,357	\$ 73,944,453	\$ 73,555,795	\$ 0	\$ 72,761,814	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AL

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 58,348,889	\$ 41,900,173	\$ 42,406,067	\$ 46,395,481	\$ 42,098,159	\$ 43,589,069
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 9,335,815	\$ 6,191,336	\$ 8,769,823	\$ 8,686,631	\$ 8,957,792	\$ 11,689,787
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,445,892	\$ 3,919,217	\$ 5,077,327	\$ 6,132,078	\$ 5,646,475	\$ 7,039,340
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,667,907	\$ 6,910,468	\$ 9,051,551	\$ 15,508,663	\$ 8,938,687	\$ 9,840,540
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 77,798,503	\$ 58,921,194	\$ 65,304,768	\$ 76,722,853	\$ 65,641,113	\$ 72,158,736

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Although expenditures are 30% greater than budget, this comparison is somewhat artificial for FY 2003. Of the services provided by ADPH, Family Planning Teen Care Coordination represented the largest growth with \$3,666,064 expended in FY 2003 compared to \$2,821,480 expended in FY 2002. Additionally, CRS changed their methodology for distributing expenditures throughout the pyramid with the submittal of the 2003 report/2005 submission. This change will provide an artificial budget/expenditure comparison for budgets submitted before the change.
- 2. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Expenditures for Population Based Services exceeded budget by 25%. Medically at Risk Case Management represented the largest growth within ADPH with \$3,053,586 expended in FY 2003 compared to \$1,977,516 spent in FY 2002.
- 3. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Expenditures for Population Base Services exceeded budget by 46%. In FY 2004 EPSDT Care Coordination replaced the Medically at Risk Program. Combined expenditures for these programs in FY 2004 increased approx. \$2.1 million.
- 4. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Expenditures for FY 2003 increased by about 3.54% over that which was budgeted. These figures were largely based on an ADPH budget that did not include Abstinence, SPRANS, and AUPPP. Expenditures in these three programs combined represent \$3,772,684 for FY 2003.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
FY2004 expenditures decreased 50.6% from budget. FY 2004 budget was based on FY 2002 expenditures that included programs at peak growth that were not in the budget for FY 2002. This inflated the FY 2004 Budget in a year that experienced funding cuts and programs that were phased out (See Section III. B. Narrative).

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: AL						
Total Births by Occurrence: 58,369				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	57,727	98.9	3	3	3	100
Congenital Hypothyroidism	57,727	98.9	88	14	14	100
Galactosemia	57,727	98.9	8	1	1	100
Sickle Cell Disease	57,752	98.9	35	35	35	100
Other Screening (Specify)						
Congenital Adrenal Hyperplasia (CAH)	57,727	98.9	6	6	6	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

These results are for calendar year 2004.

The State still does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Please view historical notes for additional comments.

For the screening tests Phenylketonuria (Classical), Sickle Cell Disease, and Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal to the number of presumptive positive screenings.

Please view historical notes for additional comments.

In Alabama, two individuals were diagnosed with hyperphenylalaninemia. Please view historical notes for additional comments.

Five individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. Alabama no longer follows up DG variants.

Alabama's Newborn Screening Program began testing for Biotinidase on April 5, 2004. There were 28,649 initial screens.

Tandem Mass Spectrometry (MS/MS) Testing began October 25, 2004. The pilot study was conducted April through May 2004.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2006
Field Note:
In Alabama, two individuals were diagnosed with hyperphenylalaninemia.
- 2. Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2006
Field Note:
Five individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. Whereas patients in the past were followed-up at the Sparks Clinic, Alabama no longer follows up Duarte Variants.
- 3. Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2006
Field Note:
For the screening test Phenylketonuria, the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.
- 4. Section Number:** Main
Field Name: SickCellDisease_Presumptive
Row Name: SickCellDisease
Column Name: Presumptive positive screens
Year: 2006
Field Note:
For the screening test Sickle Cell Disease, the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.
- 5. Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
For the screening test Phenylketonuria, the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.
- 6. Section Number:** Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
For the screening test Sickle Cell Disease, the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.
- 7. Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2006
Field Note:
For the screening test Congenital Adrenal Hyperplasia, the number of confirmed cases is equal TO THE NUMBER OF PRESUMPTIVE POSITIVE SCREENINGS. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.
- 8. Section Number:** Screening Programs for Older Children and Women
Field Name: OtherWomen
Row Name: All Rows
Column Name: All Columns
Year: 2006
Field Note:
The State still does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Please view historical notes for additional comments.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: AL

Reporting Year: 2004

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	5,914	55.9	0.0	0.0	44.1	
Infants < 1 year old	54,841	44.0	0.0	48.9	3.7	3.4
Children 1 to 22 years old	35,614	62.6	0.0	0.0	37.4	
Children with Special Healthcare Needs	21,831	44.7	2.5	35.0	17.7	
Others	96,519	59.6	0.0	0.0	40.4	
TOTAL	214,719					

FORM NOTES FOR FORM 7

To account for the fact that an unknown number of second and repeat tests are counted as being initial screens (see note to Form 06), we applied a factor of 0.95 to the 57,727 newborns reported as being screened for PKU, yielding an estimate of 54,841 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Please view historical notes for additional comments pertaining to the following items: "Children 1 to 22 Years " Row, Column A, Column B, and Column E.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2006
Field Note:
Because Mobile County's Maternity Data for FY 2004 was unavailable at the time of this report, their FY 2003 maternity data was used. Please view historical notes for additional comments.
- 2. Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2006
Field Note:
For infants less than 1 year of age, percentages were estimated by assuming that the source-of-coverage distribution of Title V-served infants was the same as the source-of-coverage distribution for delivery of residential live births in CY 2003.
- 3. Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2006
Field Note:
Please view historical notes for additional comments.
- 4. Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2006
Field Note:
Complete insurance information was not collected on every child to whom a service was provided. Insurance data reported are on the 13,829 children enrolled in Children's Rehabilitation Service during FY 2004.
- 5. Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
Because Mobile County's Family Planning Data for FY 2004 was unavailable at the time of this report, their FY 2003 family planning data was used. Please view historical notes for additional comments.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: AL

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	59,890	40,886	18,123	135	587	6		153
Title V Served	5,914	1,771	3,982	51	38			72
Eligible for Title XIX	26,379	13,798	12,342	68	137	2		32
INFANTS								
Total Infants in State	58,837	40,375	17,592	135	584	6		145
Title V Served	54,841	37,547	16,487	125	540	6		136
Eligible for Title XIX	50,951	25,000	21,943	165	386			3,457

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	56,854	2,991	45	2,257	21	78	234	401
Title V Served	5,185	729						
Eligible for Title XIX	25,448	914	17	733	7	31	86	57
INFANTS								
Total Infants in State	55,840	2,956	41	2,226	20	78	231	401
Title V Served	52,057	2,746	38	2,071	18	72	213	372
Eligible for Title XIX	46,955	539	3,457					

FORM NOTES FOR FORM 8

Numbers based on vital statistics data pertain to CY 2003. Other numbers pertain to FY 2004.

Reports available to the Bureau of Family Health Services do not have a multiracial category.

Please view historical notes for additional comments.

FIELD LEVEL NOTES

1. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2006

Field Note:

Because Mobile County's Maternity Data for FY 2004 was unavailable at the time of this report, their FY 2003 maternity data was used. Please view historical notes to Form 7 for additional comments.

2. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_Hawaiian

Row Name: Title V Served

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2006

Field Note:

Please view historical notes for additional comments pertaining to this item.

3. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2006

Field Note:

Please view historical notes for additional comments pertaining to this item.

4. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2006

Field Note:

Please view historical notes for additional comments pertaining to this item.

5. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2006

Field Note:

Please view historical notes for additional comments pertaining to this item.

6. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2006

Field Note:

Because Mobile County's Maternity Data for FY 2004 was unavailable at the time of this report, their FY 2003 maternity data was used. Please view historical notes to Form 7 for additional comments.

Please view historical notes for additional comments pertaining to this item.

7. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Reports available to the Bureau of Family Health Services do not show ethnicity by Country of Origin.

8. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2006

Field Note:

Please view historical notes for additional comments pertaining to this item.

9. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Reports available to the Bureau of Family Health Services do not show ethnicity by Country of Origin.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AL

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>
2. State MCH Toll-Free "Hotline" Name	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings
3. Name of Contact Person for State MCH "Hotline"	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>
4. Contact Person's Telephone Number	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u></u>	<u>1,628</u>	<u>992</u>	<u>1,579</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AL

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>
2. State MCH Toll-Free "Hotline" Name	None	None	None	None	None
3. Name of Contact Person for State MCH "Hotline"	<u>Dawn Ellis</u>	<u>Dawn Ellis</u>	<u>Dawn Ellis</u>	<u>Dawn Ellis</u>	<u>Dawn Ellis</u>
4. Contact Person's Telephone Number	<u>(334) 613-2294</u>	<u>(334) 613-2294</u>	<u>(334) 613-2294</u>	<u>(334) 613-2294</u>	<u>(334) 613-2294</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>41,469</u>	<u>44,863</u>	<u>40,556</u>

FORM NOTES FOR FORM 9

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. Calls on some district lines may include calls related to Early Intervention. This number is the sum of calls received on all 16 lines for FY 2004.

FIELD LEVEL NOTES

1. **Section Number:** Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2006

Field Note:

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. Calls on some district lines may include calls related to Early Intervention. This number is the sum of calls received on all 16 lines for FY 2004.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: AL

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administratively located within the Bureau of Family Health Services (FHS), a major unit within the Alabama Department of Public Health (ADPH). Through FHS, ADPH administers all aspects of the Title V Program except services for children and youth with special health care needs (CYSHCN). Children's Rehabilitation Service (CRS), administered by the Alabama Department of Rehabilitation Services (ADRS), is the lead agency for services to CYSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, FHS administers the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the State Dental Program. In addition to administering CRS, ADRS administers the Alabama Hemophilia Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 12,348,338
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 22,604,116
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,217,138
7. Program Income (Line 6, Form 2)	\$ 33,592,222
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 72,761,814

9. Most significant providers receiving MCH funds:

County Health Departments
Children's Rehabilitation Service
Sparks Clinic at Civitan Int'l Research Center
Monsky Developmental Clinic

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	5,914
b. Infants < 1 year old	54,841
c. Children 1 to 22 years old	35,614
d. CSHCN	21,831
e. Others	96,519

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Financial support for direct services in county health departments (CHDs)—By helping to pay for salaries, supplies, and equipment in CHDs statewide, Title V funds help provide physical assessment, immunizations, vision and hearing screening, nutritional assessment, developmental appraisal, and dental care for children. Care coordination in CHDs—Care coordination helps patients to access and obtain maximum benefit from needed health-related services. The EPSDT Care Coordination Program, implemented under Patient 1st, the Alabama Medicaid Agency's primary care case management program, is the primary channel through which ADPH provides care coordination. ADPH care coordinators serve adults enrolled in Patient 1st as well, however. FHS staff provide quarterly training events for area- or county-level ADPH care coordinators. Children and youth with special health care needs (CYSHCN)—Through 15 district offices, CRS provides information, referral, medical, rehabilitative, and care coordination services to CYSHCN. Enabling services include transportation assistance, interpretation, and family/youth support.

b. Population-Based Services:
(max 2500 characters)

Newborn Hematologic/Metabolic Screening—ADPH's Bureau of Clinical Laboratories (BCL) and FHS jointly implement a program providing population-based screening of newborns for phenylketonuria (PKU), hypothyroidism, galactosemia, hemoglobinopathies, and adrenal hyperplasia. Further, through the use of Tandem Mass Spectrometry, FHS and BCL are incrementally adding tests for other disorders to the screening panel. Adolescent pregnancy prevention—Family planning services for adolescents are provided in ADPH clinics; two community-based, non-clinical programs to prevent adolescent pregnancy are administered; and the State Children's Health Insurance Program (SCHIP) continues offering family planning coverage for eligible teens up to 200% of poverty. Newborn hearing screening—ADPH administers the Newborn Hearing Screening Program, through which it partners with CRS and other public and private service providers to implement universal newborn hearing screening. CRS ensures access to appropriate diagnostic, treatment, and intervention services.

c. Infrastructure Building Services:
(max 2500 characters)

State Perinatal Program—This program operates under the State Board of Health and the State Perinatal Advisory Council (SPAC). SPAC represents the Regional Perinatal Advisory Councils, and advises the State Health Officer in the planning, organization, and implementation of the Perinatal Program. The Director of the State Perinatal Program and 5 Regional Perinatal Nurse Coordinators are administratively located in FHS, and engage in activities, including infant mortality review, to address concerns of SPAC and the Regional Perinatal Advisory Councils. FHS convenes meetings of SPAC, typically on a quarterly basis. Healthy Child Care Alabama Project—This program is administratively located in Family Health Services, and is a collaborative effort between the Health Department and Alabama Department of Human Resources. Through the program, seven registered nurse consultants work in a variety of community settings, in 40 of the State's counties. Their services include providing developmental, health, and safety classes, coordinating community services for some children with special health care needs, and identifying community resources to promote child health and safety. CRS Parent Connection Program—This ongoing program includes a parent support network, activities of the State and Local Parent Advisory Committees, employment of Parent Consultants, publication of a newsletter, and sibling support activities. CRS continues enhancing its management information system and increasing its use of communication technology for educating the public, clients, and families.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name Chris R. Haag
Title Deputy Director, Bureau of Family Health Services
Address Alabama Department of Public Health The RSA Tower
City Montgomery
State Alabama
Zip 36130-3017
Phone (334) 206-5331
Fax (334) 206-2914
Email chaag@adph.state.al.us
Web www.adph.org

Name Cary F. Boswell, EdD
Title Assistant Commissioner
Address Children's Rehabilitation Service 2129 East South Boul
City Montgomery
State Alabama
Zip 36111-0586
Phone (334) 281-8780
Fax (334) 281-1973
Email cboswell@rehab.state.al.us
Web www.rehab.state.al.us

FORM NOTES FOR FORM 10

Individuals Served by the Title V Program (Col. A, Form 7)
PREGNANT WOMEN:

Because Mobile County's Maternity Data for FY 2004 was unavailable
at the time of this report, their FY 2003 maternity data was used.
Please view historical notes to Form 7 for additional comments pertaining to this item.

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: AL

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	77	70	67	78	59
Denominator	77	70	67	78	59
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			66	66	66
Annual Indicator			66.1	66.1	66.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	66.1	66.1	70	72	77
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective			53	53	53
Annual Indicator			53.9	53.9	53.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	53.9	53.9	60	62	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective			59	59	59
Annual Indicator			59.7	59.7	59.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	59.7	59.7	62	65	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			73	73	73
Annual Indicator			73.7	73.7	73.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	73.7	73.7	78	80	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			6	6	6
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	10	12	15
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	75.3	78.1	80.9	83.8	86.9
Annual Indicator	78.6	77.7	77	78.9	82.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	83.8	85.1	86.4	87.7	89
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	41.3	38.2	36.7	35.2	33.8
Annual Indicator	36.3	30.8	29.9	27.3	27.4
Numerator	3,400	2,971	2,899	2,660	2,672
Denominator	93,649	96,498	96,896	97,295	97,694
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	26.8	26.3	25.7	25.2	24.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	42	50	58	67	23.2
Annual Indicator	45.5	22.2	22.5	22.7	22.9
Numerator	71			384	
Denominator	156			1,692	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	23.7	24.2	24.7	25.2	25.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8.1	8	7.8	7.7	7.5
Annual Indicator	5.5	6.3	6.1	5.4	6.5
Numerator	51	59	57	50	61
Denominator	931,589	932,478	933,368	934,255	935,145
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6.4	6.2	6	5.9	5.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	66.2	45.9	47.3	48.7	50.2
Annual Indicator	47.3	50.7	48.0	51.8	
Numerator	28,644	27,725	26,873	27,291	
Denominator	60,580	54,701	55,995	52,641	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	53.9	55	56.1	57.2	58.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	70	74.7	79.7	85	87.5
Annual Indicator	72.9	84.0	93.4	95.6	88.2
Numerator	45,576	50,186	54,000	55,846	51,459
Denominator	62,534	59,768	57,839	58,397	58,369
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	92.9	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	11.7	11.5	11.3	11.1	8.6
Annual Indicator	8.5	8.8	10.8	8.6	
Numerator	98,000	101,000	122,000	95,000	
Denominator	1,158,000	1,143,000	1,128,000	1,101,000	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	8.5	8.4	8.4	8.3	8.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	88	88.9	89.8	90.7	90.8
Annual Indicator	84.5	87.2	88.3	85.9	87.1
Numerator	301,947	339,536	379,969	386,624	403,378
Denominator	357,177	389,499	430,507	449,906	463,226
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	87.3	87.6	87.9	88.1	88.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.9	2	2	2	2
Annual Indicator	2.0	2.0	2.1	2.0	2.1
Numerator	1,282	1,188	1,227	1,216	1,230
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8.5	8.3	8.2	8.1	8.1
Annual Indicator	7.1	8.0	7.0	5.4	8.7
Numerator	23	26	23	18	29
Denominator	324,580	326,633	328,686	330,739	332,792
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.5	8.3	8.1	7.9	7.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	79.6	82.9	84.6	86.4	88.2
Annual Indicator	79.2	80.6	83.4	79.4	78.6
Numerator	1,015	957	1,023	965	967
Denominator	1,282	1,188	1,227	1,216	1,230
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	79.8	80.6	81.4	82.2	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	86.6	85.2	86.4	87.6	86.7
Annual Indicator	82.5	82.1	83.0	83.6	83.7
Numerator	52,127	49,526	48,885	49,635	49,456
Denominator	63,166	60,294	58,870	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	87.8	88.9	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The degree to which the Bureau of Family Health Services (BFHS) addresses the folic acid intake of women of childbearing age

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	11	10	15	18	13
Annual Indicator	11.0	13.0	13.0	13.0	13.0
Numerator	11	13	13	13	13
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	13				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The degree to which key maternal and child health databases are developed and analyzed, with pertinent findings reported to and utilized by the Bureau of Family Health Services (BFHS)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	15	15	18	18	18
Annual Indicator	9.0	13.0	14.0	16.0	16.0
Numerator	9	13	14	16	16
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	18				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

The degree to which the State assures case management to facilitate access to, as well as full benefit from, available health care for children enrolled in the Patient 1st program

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	10	15	15	15	0
Annual Indicator	12	12	13	13	13
Numerator	12	12	13	13	13
Denominator	15	15	15	15	15
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 11

The percent of children, 0-9 years of age, enrolled in the Patient 1st Program who received case management services during the reporting year.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	2	3	4	0
Annual Indicator	0.8	2.7	2.4	4.1	4.9
Numerator	1,684	6,091	5,540	9,127	13,824
Denominator	210,497	226,196	233,994	222,416	279,301
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 12

The degree to which the State develops and implements a plan to promote utilization of dental services, particularly utilization of preventive services by low income children

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	8	9	11	15	15
Annual Indicator	4.0	9.0	14.0	13.0	13.0
Numerator	4	9	14	13	13
Denominator	15	15	15	15	15
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	15				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 13

The degree to which programs and policies designed to prevent adolescent pregnancy are implemented and evaluated

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9	11	13	15	17
Annual Indicator	11	14	14	14	15
Numerator	11	14	14	14	15
Denominator	18	18	18	18	18
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	18				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 14

The degree to which the State Children with Special Health Care Needs Program assures public awareness of Title V CSHCN programs and activities among families and public/private service providers

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>3</u>	<u>5</u>	<u>8</u>	<u>10</u>	<u>12</u>
Annual Indicator	<u>3</u>	<u>5</u>	<u>9</u>	<u>10</u>	<u>12</u>
Numerator	<u>3</u>	<u>5</u>	<u>9</u>	<u>10</u>	<u>12</u>
Denominator	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 15

The percent of Alabama dentists who actively provide dental services for Medicaid-enrolled children

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>21</u>	<u>26</u>	<u>31</u>	<u>36</u>	<u>41</u>
Annual Indicator	<u>26.6</u>	<u>27.1</u>	<u>30.4</u>	<u>34.0</u>	<u>36.4</u>
Numerator	<u>499</u>	<u>518</u>	<u>579</u>	<u>649</u>	<u>697</u>
Denominator	<u>1,878</u>	<u>1,912</u>	<u>1,907</u>	<u>1,907</u>	<u>1,914</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>46</u>	<u>46</u>	<u>46</u>	<u>46</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2002

Field Note:

These results are for calendar year 2002.

The State does not have a policy regarding metabolic or hemoglobinopathy screening for older children. However, the Alabama Department of Public Health contracts with seven community-based sickle cell organizations in the State to provide patient education, counseling, training, and support. In addition, there are two comprehensive sickle cell centers at the University of Alabama at Birmingham and the University of South Alabama in Mobile, who provide sickle cell testing, diagnosis, counseling, and treatment for pediatric and adult clients.

For the screening test Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal to the number of presumptive positive screenings. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified for CAH. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported. Of the four babies diagnosed in 2002 with CAH, two were born in 2001 and two were born in 2002.

In Alabama, two individuals were diagnosed with hyperphenylalaninemia. These patients do not have classical PKU, but they will require follow-up treatment that will consist of a protein-restricted diet, as well as monitoring of blood lead levels. This follow-up treatment will be provided at the Sparks Clinic in Birmingham, Alabama.

Eleven individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. These patients will be followed-up, with a treatment that consists of a lactose-restricted diet, for a period of one year at the Sparks Clinic.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

These results are for calendar year 2003.

The State does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Effective 12/3/2003, the Bureau of Clinical Laboratories discontinued adult hemoglobin testing. However, the Alabama Department of Public Health contracts with 7 community-based sickle cell organizations in the State to provide patient education, counseling, training, and support. In addition, there are 2 comprehensive sickle cell centers at the University of Alabama at Birmingham and the University of South Alabama in Mobile, who provide sickle cell testing, diagnosis, counseling, and treatment for pediatric and adult clients.

For the screening test Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal to the number of presumptive positive screenings. Per the program coordinator, the results reported are correct because "the screening methodology is highly sensitive and few false positives are identified for CAH. Also, additional cases may be identified from the State's routine second screening." Thus, the protocols established for identification in Alabama ensure that the results are reported.

In Alabama, 1 individual was diagnosed with hyperphenylalaninemia. This patient does not have classical PKU, but will require follow-up treatment that will consist of a protein-restricted diet, as well as monitoring of blood lead levels. This follow-up treatment will be provided at the Sparks Clinic in Birmingham, Alabama.

Six individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. These patients will be followed-up, with a treatment that consists of a lactose-restricted diet, for a period of one year at the Sparks Clinic.

Maple Syrup Urine Disease (MSUD)- 1 new diagnosis. Currently, patients in Alabama are not screened for this condition, but will be with the implementation of Tandem Mass Spectrometry (MS/MS).

3. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

These results are for calendar year 2004.

The State still does not have a policy regarding metabolic or hemoglobinopathy screening for older children. Please see year 2002 or 2003 notes above for additional comments.

For the screening tests Phenylketonuria (Classical), Sickle Cell Disease, and Congenital Adrenal Hyperplasia (CAH), the number of confirmed cases is equal to the number of presumptive positive screenings.

Please see year 2002 or 2003 notes above for additional comments.

In Alabama, two individuals were diagnosed with hyperphenylalaninemia. Please see year 2002 or 2003 notes above for additional comments.

Five individuals screened for Galactosemia were diagnosed as Duarte carriers, and thus do not have Classical Galactosemia. Alabama no longer follows up DG variants.

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

4. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

5. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

6. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The 2004 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

7. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

8. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

9. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The 2004 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

10. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

11. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data

processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

12. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The 2004 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

13. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

14. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The 2003 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

15. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The 2004 indicator is based on the State estimates from SLAITS. It is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

16. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2002

Field Note:

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted. The national average is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

17. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2003 indicator is the national average except for Maine which has its State value noted. The national average is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

18. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:**Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2004 indicator is the national average except for Maine which has its State value noted. The national average is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention and provided to the Maternal and Child Health Bureau, Health Resources and Services Administration in the Summary Tables from the National Survey of Children with Special Health Care Needs, 2001 (Department of Health and Human Services, April 28, 2003). All estimates are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes. The annual performance objectives reflect the fact that the National Survey of Children with Special Health Care Needs will be conducted intermittently and new data may not be available until FY 2007.

19. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2002**Field Note:**

Values are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators but show a 95% confidence interval (CI) of +/-5.0 The estimates for 1999 and onward are not comparable to estimates for 1998 or earlier years. The reason for this lack of comparability is that the only available estimates approximating this performance measure for 1998 and earlier years pertain to completed immunizations for measles, polio, diphtheria, tetanus, pertussis, and Haemophilus influenza (subsequently termed "major series") and do not include Hepatitis B. In FY 2000, targets for 2000 and 2001 were revised, and those for 2002-2005 set, to pertain to the major series plus Hepatitis B.

Targets of 90% for 2006 and 2007 have been added. During the upcoming FY 2004 needs assessment, targets from 2005 and onward may be revised downward to proceed from a 3-year baseline for 2002-2004.

20. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2003**Field Note:**

Values are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 4.9 for Alabama in FY 2003. Estimates for 1999 and onward are not comparable to those for 1998 and earlier. The reason for this lack of comparability is that the only available estimates approximating this measure for 1998 and earlier pertain to completed immunizations for measles, polio, diphtheria, tetanus, pertussis, and Haemophilus influenza (subsequently termed "major series"). In FY 2000 targets for 2000 and 2001 were revised, and those for 2002-2005 set, to pertain to the major series plus Hepatitis B. Targets of 90% for 2006 -2008 have since been added. During the FY 2004-05 needs assessment, targets from 2005 and onward may be revised downward to proceed from a 3-year baseline for 2002-04.

21. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2004**Field Note:**

Values are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 5.3 for Alabama in FY 2004. Please see year 2002 or 2003 notes above for additional comments.

Comparing 2004 to 2000, this indicator increased by an average of 1.3% per year (based on a multiplicative model). The objectives shown for 2005 forward require an average annual improvement of 1.5%, which is somewhat greater than that experienced in recent years.

22. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2002**Field Note:**

The denominator for 2002, 2001 and years prior to 2000 represent 60% of the population projection for females aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for females aged 15-17 years in the specified calendar year.

Targets added for 2006 and 2007 are each 4.0% below the target for the year preceding it. Earlier targets are retained from the 2001report/2003 application.

23. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:****Field Note:**

The denominator for 2003, 2002, 2001 and years prior to 2000 represent 60% of the population projection for females aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for females aged 15-17 years in the specified calendar year.

Targets added, in FY 2003, for 2006 and 2007 are each 4.0% below the target for the year preceding it. Earlier targets are retained from the 2001report/2003 application. The target for the Annual Performance Objective for 2008 has been set to that for 2007. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

24. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2004**Field Note:**

Please see year 2002 or 2003 notes above for additional comments that are applicable to the denominator for 2004.

Comparing 2004 to 2001, this indicator has declined (improved) by an average of 3.9 percent per year (based on a multiplicative model). Because we are not confident that the rapid decline in this indicator will continue, objectives require a modest decline of 2.0% per year from the 2004 baseline.

25. Section Number: Performance Measure #9**Field Name:** PM09

Row Name:
Column Name:
Year: 2002

Field Note:

The estimate for 1991 (reported in previous reports/applications as 20.0%) is from a direct observation survey. The estimate for 2000 is a provisional estimate from the Telephone Survey of Alabama Households with Children (discussed in Section II).

Per a very preliminary estimate from an ongoing FY 2003 direct observation survey, 22.2% of Alabama public school third graders have dental sealants in place on at least 1 permanent molar tooth. Based on perception and the literature, the parental-report-based estimate for 2000 presumably markedly overestimates the proportion of children who have dental sealants. We therefore consider the estimates for 1991 and 2003 to be more reliable than the parental-report-based estimate. We have no dental sealant database for 2001 and 2002. Estimates for these years were derived by assuming a constant annual percent change, calculated as 1.1% per year, from the 1991 observation-based estimate to the 2003 observation-based estimate. Numerators and denominators are not available for these estimated percentages.

Objectives for 2004 and 2005 have been revised, and those for 2006 and 2007 set, to require an annual improvement of 5% from the very preliminary estimate for FY 2003.

26. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2003

Field Note:

Because the estimates for 1999 (not shown on form, but also based on parental report) and 2000 are spuriously high and are not comparable to one another, they did not provide a valid basis for setting targets for this measure. Nevertheless, they were the only recent estimates available when targets were initially set, so were previously used in setting targets. Although a provisional estimate for the observation-based survey done in FY 2003 was available by July 2003, revision of targets was delayed until a final estimate would be available. This decision, as well as our practice of revising objectives only for current or future years, accounts for the wide discrepancy in estimated indicators and performance objectives for FYs 2001-2003.

27. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2004

Field Note:

A direct-observation survey on a representative sample of 3rd graders was not conducted in FY 2004. We therefore estimated the percentage for FY 2004 by multiplying 1.01 times the observation-based percentage for FY 2003. This factor was chosen because, based on 2 observation-based point estimates, the annual rate of improvement between FYs 1999 and 2003 had been 1.1%. (Numerators and denominators are not provided for interpolated estimates, shown for FYs 2001, 2002, and 2004.) Interpolated estimates will be provided until another statewide, direct-observation survey of dental sealants in 3rd graders is conducted, which is expected to occur in FY 2006.

The reason for wide disparities in objectives and performance for FYs 2001-2003 is described in notes to FY 2003. From 2001 forward, targets require an annual improvement of 2.1% per year--a modest improvement, but twice that of the estimated historical rate of improvement of 1.1% per year.

28. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2002

Field Note:

The denominator for 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

Targets added for CY 2006 and 2007 require an annual decline of 2.0% from the 3-year baseline of 6.6 deaths per 100,000 in 1999-01. Earlier targets are retained from previous MCH Block Grant reports/applications.

29. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2003

Field Note:

Field Note:

The denominator for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

Targets added, in FY 2003, for CY 2006 and 2007 require an annual decline of 2.0% from the 3-year baseline of 6.6 deaths per 100,000 in 1999-01. Earlier targets are retained from previous MCH Block Grant reports/applications.

The target for Annual Performance Objective for 2008 has been set to that for 2007. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

30. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments that are applicable to the denominator for 2004.

ICD-10 codes were used for 2004.

Comparing 2003-04 to 2000-01, this indicator increased (worsened) by an average of 0.2% per year (based on a multiplicative model). Attaining the 2009 objective of 5.8 deaths per 100,000 children in the age group will require an average decline of 0.5% per year from the 2004 baseline (multiplicative model), which is fairly aggressive given the preceding, though small, increase. The objective for 2005 was set by subtracting 0.1 from the 2004 baseline, and objectives for 2006-2008 were set by subtracting 0.1 or

0.2 from the previous year's objective.

31. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2002

Field Note:

See note to 2004 for discussion of the data source, which is the Pregnancy Risk Assessment and Monitoring Systems (PRAMS).

32. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2003

Field Note:

See note to 2004 for discussion of the data source, which is the Pregnancy Risk Assessment and Monitoring System (PRAMS).

33. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2004

Field Note:

Estimates for this indicator are for calendar year and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, which are managed by the U.S. Centers for Disease Control and Prevention (CDC). The PRAMS survey is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. The percentage of mothers who were breastfeeding at 1 week postpartum was used as a surrogate for the percentage breastfeeding at hospital discharge. The PRAMS question did not distinguish between exclusive breastfeeding and breastfeeding with supplemental feedings. Because data are based on a sample rather than the total number of births, some statistical imprecision is expected. Observations for which breastfeeding status is unknown or unreported are included in the denominators, which yields conservative estimates.

Due to the time required for the data management process (which includes weighting and preparation of data), data for a given year do not generally become available to the states until at least 1 year 4 months after the end of the data collection year. For example, data for 2000 were made available by around May 2002 and could be reported in the MCH Block Grant submitted in July 2002. Under this type of time frame, though we cannot provide an estimate for this indicator for the reporting year, we can provide one for the year preceding the reporting year--in this case, 2003. When the U.S. Centers for Disease Control and Prevention (CDC) provides the State with the PRAMS database for 2004, the Alabama Department of Public Health's Center for Health Statistics will promptly provide estimates for this performance measure to the Bureau of Family Health Services, who will update Form 11 at the first opportunity.

Comparing 2002-03 to 1999-00, this indicator increased (improved) by an average of 2.1% per year (based on a multiplicative model). The objectives for 2005-2009 require an annual increase of 2.0% per year, from the 2003 baseline.

The previously set objective for 2004, which was surpassed in 2003, is retained since that year has passed. Family Health Services is seeking, however, to promote further improvement in this indicator.

34. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2002

Field Note:

This estimate is very rough. See note for 2003.

35. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2003

Field Note:

Numerators for 2002 and 2003 are based on hospitals performing screenings in calendar years 2002 and 2003. However, the estimate for 2002 is very rough, since the current reporting system (based on reports from individual hospitals participating in the Newborn Hearing Screening Program) did not begin until December 2002. Further, the numerator for 2003 was estimated by multiplying the estimated number of live births in 2003 (56,986) in hospitals participating in the Newborn Hearing Screening Program by .98. The factor of .98 is applied to allow for failure to screen a few infants in participating hospitals due to equipment failure or other issues. (Based on contacts with and reports submitted by participating hospitals, the Newborn Hearing Screening Coordinator estimates that at least 98% of live-born infants in these hospitals undergo hearing screening prior to discharge.)

Prior to 2002, numerators were based on telephone surveys, conducted by the Birmingham Ear Institute (BEI), of hospitals to ascertain whether they screened newborns for hearing impairment and, if they did, what groups they screened. (For example, if a hospital screened no newborns, it contributed nothing to the numerator; if it screened only newborns in its neonatal intensive care unit, it contributed the number of infants in its neonatal intensive care unit during a given year to the numerator.) The denominator for each year is the number of occurrent live births in a given year or, in one case (1998), the preceding year. The estimates for 1998 and 1999 are respectively from telephone surveys conducted in March and June 1999. Those for 2000 and 2001 are from surveys conducted in April 2000 and May 2001, respectively.

Because of the dramatic improvement in this indicator in 1998, in 1999 targets for that year and subsequent years were revised upward, to reach 85% by 2003. Subsequent targets were set to reach a 90% level by 2005. Targets added, in FY 2003, for 2006 and 2007 require an average annual increase of 2.2%, from the running 3-year baseline for 2001 (i.e., 83.1% for 2000-02 combined); and the target for 2007 is retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

36. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2004

Field Note:

During the calendar year (CY) 2004, the Newborn Hearing Screening Program had technical difficulties in generating accurate reports (Hospital Hearing Screening Summary Reports upon which the numerator for this indicator is based). The numbers reported are not including approximately 5,000 babies that were born during the calendar year. However, results obtained from hospitals at a later date have allowed us to document that the infants were screened before hospital discharge. Please see year 2003 for additional comments.

See note to 2003 estimate for a description of how objectives were set through 2008. The objective for 2004 was surpassed slightly, but previously set objectives for 2005-2008 remain appropriate. The objectives for 2007-2009 assume that attaining a status higher than 95% may not be feasible in the near future. If future developments indicate that surpassing 95% may be feasible after all, objectives will be revised accordingly.

37. Section Number: Performance Measure #13

Field Name: PM13

Row Name:
Column Name:
Year: 2002

Field Note:

Reference for estimates is Historical Health Insurance (HHI) Table 5, as available from a U.S. Census web site on April 2, 2003. Because the reference rounds numbers of children to thousands, percentages calculated by the web-based reporting package for this report/application sometimes differ slightly (by 0.1) from estimates shown in Census Bureau tables. (For example, HHI Table 5 reports percentages of 10.7 and 8.8 for 1999 and 2001 respectively.)

HHI Table 5 does not yet include estimates for 2002. When estimates for 2002 are provided on Table 5, this report/application will be updated accordingly.

The mean of the estimates for 1999-01 combined is 9.3%. Considering this the baseline for 2000, targets for 2004 and 2005 have been revised, and targets for 2006 and 2007 added, to require an annual reduction of 2.0%. However, targets may again be revised in FY 2004 after obtaining an estimate for 2002 and consulting with State Children's Health Insurance staff.

38. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2003

Field Note:

Reference for estimates is Historical Health Insurance (HI) Table 5, as available from a U.S. Census web site on March 29, 2004. Because the reference rounds numbers of children to thousands, percentages calculated by the web-based reporting package for this report/application sometimes differ slightly from estimates shown in Census Bureau tables. (For example, Table HI-5 reports a percentage of 8.9 for 2001.)

Table HI-5 does not yet include estimates for 2003. When estimates for 2003 are provided on Table HI-5, this report/application will be updated accordingly.

The mean of the estimates for 1999-01 combined is 9.3%. Considering this the baseline for 2000, targets for 2004 and 2005 were revised in FY 2003, and targets for 2006 and 2007 added, to require an annual reduction of 2.0%. The mean of the estimates for 2000-02 combined is 9.4%

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

39. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2004

Field Note:

Reference for estimates is Historical Health Insurance (HI) Table 5, obtained from a U.S. Census web site on June 17, 2005. Table HI-5 does not yet include estimates for 2004. When estimates for 2004 are provided on Table HI-5, this report/application will be updated accordingly.

Please see year 2002 or 2003 for additional comments.

We have retained the objective for 2004, which was met in 2003. Comparing 2002-03 to 1999-00, this indicator declined (improved) by an average of 0.6% per year (based on a multiplicative model). Even with ongoing, intensive efforts to enroll eligible children and youth in the State Health Insurance Program or in Medicaid, increasing this rate of improvement may not be feasible. Further, the estimate for this indicator is sometimes unstable, as shown by the spike (to 10.8%) in 2002. Accordingly, objectives for 2005 onward require an average annual decline of 0.6% per year from the objective for 2004 (8.6), the same as that experienced recently. Because objectives are carried to only 1 decimal, they sometimes remain the same for 2 successive years.

40. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2002

Field Note:

Selecting a denominator for this measure continues to be exceptionally problematic. Because suitable denominators could not be estimated from available age and poverty distributions, the number of Medicaid-enrolled children, per Medicaid eligibility files, were used as denominators for the 1998, 1999, 2000, 2001 and 2002 estimates. Thus, the estimates shown for these years almost certainly overestimate the proportion of potentially Medicaid-eligible children who received a service paid by the Medicaid Program during the respective reporting years, and we have very limited confidence in the estimates. The numerator was estimated from tables provided by the Alabama Medicaid Agency showing numbers of Medicaid recipients of medical care for several age groups of children. Factors were applied when necessary to make estimates for an age group not precisely coinciding to the age group reported on the Medicaid tables. (The 1996 estimate was made via a different method, so is not comparable to the later estimates. A current source for estimating the denominator as it was estimated for 1996 is not available.) As is fully discussed in the narrative for this measure, the problematic denominator may mask progress in the provision of services to Medicaid-eligible children.

In 2000-2002 combined, an estimated 86.8% of potentially Medicaid-eligible children received a Medicaid-funded service. Using this as the 3-year running baseline for 2001, targets for 2004 and 2005 have been revised, and those for 2006 and 2007 set, to gradually increase to 95% in 2007. These new or revised targets require an annual increase of 1.5%, from the running baseline for 2001.

41. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2003

Field Note:

Selecting a denominator for this measure continues to be exceptionally problematic. Because suitable denominators could not be estimated from available age and poverty distributions, the numbers of Medicaid-enrolled children, per Medicaid eligibility files for the respective years, were used as denominators for the 1998, 1999, 2000, 2001, 2002 and 2003 estimates. Numerators were estimated from tables provided by the Alabama Medicaid Agency for respective years, showing numbers of Medicaid recipients of medical care for several age groups of children. Factors were applied when necessary to make estimates for an age group not precisely coinciding to the age group reported on the Medicaid tables. (The 1996 estimate [not shown on Form 11 of this application/report] was made via a different method, so is not comparable to the later estimates.) The problematic denominator may mask progress in the provision of services to Medicaid-eligible children.

In 2000-2002 combined, an estimated 86.8% of potentially Medicaid-eligible children received a Medicaid-funded service. Using this as the 3-year running baseline for 2001, in FY 2003 targets for 2004 and 2005 were revised, and those for 2006 and 2007 set, to gradually increase to 95% in 2007. These new or revised targets require an annual increase of 1.5%, from the running baseline for 2001.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

42. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments that are applicable to the denominator for 2004.

Comparing 2003-04 to 2000-01, this indicator increased (improved) by an average of 0.2% per year (based on a multiplicative model). Objectives for 2005 onward require an average annual increase of 0.3% per year, from the 2004 baseline.

43. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2002

Field Note:

The reported prevalence of very low birth weight (VLBW) generally continues to increase slightly or remain stable. For example, the reported live-birth prevalence of VLBW was 2.01% in 1999-2001, versus 1.94% in 1996-98. Further, per preliminary numbers, the prevalence increased to 2.1% in 2002 (versus 2.0% in 2001). Targets, therefore, continue to remain at 2.0%.

See note to Calendar Year 2004 for a discussion of related issues, including reporting issues.

44. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2003

Field Note:

The reported prevalence of very low birth weight (VLBW) generally continues to increase slightly or remain stable. For example, the reported live-birth prevalence of VLBW was 2.03% in 2000-2002, versus 1.97% in 1997-99. Per preliminary numbers, the prevalence decreased slightly to 2.05% in 2003 (versus 2.08% in 2002). Targets continue to remain at 2.0%.

See note to Calendar Year 2004 for a discussion of related issues, including data issues.

45. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2004

Field Note:

As has been the case for several years, the reported prevalence of very low birth weight (VLBW) generally continues to increase slightly or remain stable. For individual years from 2000-2004, this indicator has ranged between 2.0% and 2.1%. For this reason, we have retained the objective of 2.0% in recent years, and plan to retain this objective for the foreseeable future unless the prevalence of VLBW notably changes.

Data issues: The degree to which this indicator's increase or, at best, failure to decline reflects an actual increase versus variations over time in reporting cannot be assessed from vital statistics data alone. Researchers in Alabama have previously reported their perception that reporting of under 500 gram births, for which "the dividing lines between live birth, stillbirth, and spontaneous mid-trimester abortion are...often difficult to determine," had certainly increased (reference #5, in Appendix C). Conceivably, this perceived increase in reporting of extremely low birth weight infants had actually occurred and may have continued.

Several hypothetical explanations for the reported continued increase in VLBW merit consideration and data-based assessment. First, trends in multiple births, which are discussed in the State's Fiscal Year (FY) 2004-05 Maternal and Child Health Needs Assessment report, affect trends in VLBW. Second, the reporting issues described above merit consideration. Third, the possibility that advances in prenatal and perinatal care have resulted in live births of some VLBW babies who would have died before birth in the absence of such care should be considered. Finally, the possibility of unfavorable trends, or at least failure to decline, in risk markers for women giving birth should be explored. Trends in certain risk markers are also discussed in the State's FYs 04-05 MCH Needs Assessment report.

46. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2002

Field Note:

The denominator for 2002, 2001 and years prior to 2000 represent the population projection for youths aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for youths aged 15-19 years in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

Although the 1-year rates for 2000 and 2001 are notably below (i.e., better than) the targets for those years, single-year rates for this indicator are very unstable. Therefore, a more appropriate comparison is of the most recent 3-year rate to an appropriate target. The rate of 8.7 deaths per 100,000 youth in this age group in 1999-2001 falls short of reaching the 2000 and 2001 targets. (The rate for CY 2002 is unavailable as of this writing.) Each of the added targets, for 2006 and 2007, is 1.0% below the target for the preceding year. Targets for earlier years are retained from the 2001/2003 MCH Block Grant.

47. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2003

Field Note:

The denominator for 2003, 2002, 2001 and years prior to 2000 represent the population projection for youths aged 15-19 years in the specified calendar year. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for youths aged 15-19 years in the specified calendar year.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years. The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported.

Although the 1-year rates for 2000, 2001 and 2002 are notably below (i.e., better than) the targets for those years, single-year rates for this indicator are very unstable. Therefore, a more appropriate comparison is of the most recent 3-year rate to an appropriate target. The rate of 7.3 deaths per 100,000 youth in this age group in 2000-2002 surpasses (is better than) the 2000, 2001 and 2002 targets.

48. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments that are applicable to the denominator for 2004.

ICD-10 codes were used for 2004.

Comparing 2003-04 to 2000-01, this indicator declined by an average of 2.0% per year. Objectives for 2005 onward require an average decline of 2.5% per year, from the 1994 baseline. Because of the higher baseline in 2004, these objectives are higher (that is, less aggressive than) targets for earlier years, which are from previous Maternal and Child Health Services Block Grant Reports/Applications.

49. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2002

Field Note:

The targets added for 2006 and 2007 are 90%, the same as that for 2005. In FY 2004 targets for 2005 and onward may be revised, to proceed from a 3-year baseline, 2000-02.

50. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2003

Field Note:

The targets added for 2006-2008 are 90%, the same as that for 2005. During the FY 2004-05 needs assessment, objectives for 2005 and onward will be revised.

51. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2004

Field Note:

Comparing 2003-04 to 2000-01, this indicator declined (worsened) by an average of 0.4% per year (based on a multiplicative model). Objectives from 2005 onward require an average annual increase of 1.0% per year, from the percentage for 2003-04 combined. Because of the lower baseline in 2004 and the failure to improve per the preceding comparison, objectives for 2005 onward are lower than those for 2001-2004. Considering the failure of this indicator to improve from 2000-01 to 2003-04, however, the future objectives are somewhat aggressive. The peak during the surveillance period, of 83.4 percent in 2002, was atypical and is not an appropriate referent for setting future objectives.

52. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator is the number reporting prenatal care as beginning during the first, second, or third month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc."

Targets for 2004 and 2005 have been revised, and those for 2006 and 2007 set, to accommodate the slowed rate of improvement in this indicator in recent years. Due to this slowed rate of improvement, in 1999-2001, only 82.5% of live-born infants were from pregnancies in which the mother had received prenatal care during the first trimester of the referent pregnancy. Considering this 3-year prevalence to be the baseline for 2000, the revised and new targets require an annual improvement of 1.2% (multiplicative model). Though appearing modest, these targets are rather aggressive, given the lack of consistent improvement in this indicator from 1998 through 2001 (the latest year for which an estimate is available at this writing).

53. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator is the number reporting prenatal care as beginning during the first, second, or third month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc."

By FY 2003 targets for 2004 and 2005 were revised, and those for 2006 and 2007 set, to accommodate the slowed rate of improvement in this indicator in recent years. Due to this slowed rate of improvement, in 1999-2001, only 82.5% of live-born infants were from pregnancies in which the mother had received prenatal care during the first trimester of the referent pregnancy. Considering this 3-year prevalence to be the baseline for 2000, the revised and new targets through 2007 require an annual improvement of 1.24% (multiplicative model). Though appearing modest, these targets are rather aggressive, given the lack of consistent improvement in this indicator from 1998 through 2003.

The target for 2007 has been retained for 2008. Targets for 2005-2008 will be reconsidered, and a target for 2009 set, during the FY 2004-05 maternal and child health needs assessment.

54. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2002

Field Note:

One of the checklist items for this measure was revised slightly for FY 1999 and subsequent years. That is, "Implement a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake" has been changed to "Participate in a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake." The scored checklist is attached to Section IV. D., SPM #01, Last Year's Accomplishments. In FY 2000, the target for 2001 was revised, and those for 2002-2005 set, per the rationale described in Section 4.1.

As discussed under this measure in Section III.D of this FY 2002 Report/FY 2004 Application, the Bureau will probably not conduct a survey regarding knowledge about, consumption of, or biochemical status of folic acid (a checklist criterion for this performance measure) in the foreseeable future. The reason for not conducting such a survey is that other reporting responsibilities of the Bureau's Epidemiology and Data Management (Epi/Data) Branch are deemed of higher priority than a folic acid survey and preclude dedication of resources to such a survey. Accordingly, targets for 2004-2007 have been revised downward, to 13 on a scale of 0-18. The Epi/Data Branch will, however, seek to ascertain whether information about folic acid consumption in nonpregnant women of childbearing age in Alabama is available from other sources.

55. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2003

Field Note:

One of the checklist items for this measure was revised slightly for FY 1999 and subsequent years. That is, "Implement a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake" has been changed to "Participate in a major media campaign to educate Alabama women of childbearing age about the importance of folic acid intake." The scored checklist is attached to Section IV. D., SPM #01, "Last Year's Accomplishments." In FY 2000, the

target for 2001 was revised, and those for 2002-2005 set, per the rationale described in the Maternal and Child Health Services Block Grant FY 1999 Annual Report/FY 2001 Application.

As discussed under this measure in Section III.D, the Bureau of Family Health Services (Bureau) will probably not conduct a survey regarding knowledge about, consumption of, or biochemical status of folic acid (a checklist criterion for this performance measure) in the foreseeable future. The reason for not conducting such a survey is that other reporting responsibilities of the Bureau's Epidemiology and Data Management (Epi/Data) Branch are deemed of higher priority than a folic acid survey and preclude dedication of resources to such a survey. Accordingly, targets for 2004-2008 have been revised downward, to 13 on a scale of 0-18. The Epi/Data Branch will, however, seek to ascertain whether information about folic acid consumption in nonpregnant women of childbearing age in Alabama is available from other sources.

During the FY 2004-05 maternal and child health needs assessment, the Bureau will determine whether this measure will remain operative.

56. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

This measure becomes inoperative in FY 2005, so no objectives are set for FY 2006 onward.

57. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2002

Field Note:

The scored checklist is attached to Section IV. D., SPM #07, Last Year's Accomplishments.

58. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2003

Field Note:

The scored checklist is attached to Section IV.D, SPM #02 (using the CURRENT numbering system), "Last Year's Accomplishments."

During the FY 2004-05 maternal and child health needs assessment, the Bureau will determine whether this measure will remain operative. If the measure remains operative, criteria will most likely be revised to reflect current data-related priorities.

59. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2004

Field Note:

No targets are set for FY 2006 onward because this measure becomes inoperative in 2005. Another measure pertaining to maternal and child health (MCH) data capacity will replace it, and objectives for that measure will be reported in the MCH Block Grant Services 2005 Report/2007 Application.

60. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2004

Field Note:

The scored checklist is attached to Section IV.D, "Last Year's Accomplishments."

At the time the Maternal and Child Health Services Block Grant FY 2003 Report/FY 2005 Application was submitted, the Alabama Medicaid Agency's Patient 1st Program, to which this measure pertained, had been terminated and had not yet been reinstated. For that reason, in FY 2004 targets for FY 2004 and forward were reset to 0. This measure becomes inoperative in FY 2005, so there are no targets for FY 2006 onward.

61. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2002

Field Note:

Because this program provides very little case management for older children and adults, the program director estimates that about 95% of the program participants are aged 0-9 years. Thus a factor of 0.95 was applied to the 5,832 persons receiving services during FY 2002, yielding an estimate of 5,540 children 0-9 years who were enrolled in Patient 1st and received case management services from the Alabama Department of Public Health during the reporting period.

Added objectives for 2006 and 2007 require an absolute increase of 1% each year, but will be revised downward if we remain below target in FYs 2003 and 2004.

62. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2003

Field Note:

Because this program provides very little case management for older children and adults, the program director estimates that about 95% of the program participants are aged 0-9 years. Thus a factor of 0.95 was applied to the 5,832 persons receiving services during FY 2002, yielding an estimate of 5,540 children 0-9 years who were enrolled in Patient 1st and received case management services from the Alabama Department of Public Health (Department) during the reporting period. Similarly, a factor of .95 was applied to the 9,607 persons receiving services during FY 2003, yielding an estimate that 9,127 children 0-9 years of age were enrolled in Patient 1st and received case management services from the Department during the reporting period.

As discussed in Section IV.D, the Alabama Medicaid Agency discontinued the Patient 1st Program, effective March 1, 2004. Consequently, objectives for FY 2004 and onward have been downgraded to 0. As a corollary, this measure will be changed to "inactive" status in the Maternal and Child Health Services Block Grant FY 2004 Annual Report/FY 2006 Application.

63. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2004

Field Note:

Because this program provides very little case management for older children and adults, the program director estimates that about 95% of the program participants are aged 0-9 years. Thus a factor of 0.95 was applied to the 14,552 persons receiving services during FY 2004, yielding an estimate of 13,824 children 0-9 years who were

enrolled in Patient 1st and received case management services from the Alabama Department of Public Health during the reporting period.

64. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2003

Field Note:

The reason for the lower score in FY 2003, compared to FY 2002, is that we have downgraded Item #5 on the corresponding checklist from "Mostly Met" to "Partially Met." The rationale for this downward revision follows. Item #5 pertains to partnering with Alabama School of Dentistry in Birmingham (School of Dentistry) staff to survey hospital emergency rooms to collect data on children's emergency visits for oral health conditions. In a study of the Children's Hospital's (in Birmingham) database for FYs 2001 and 2002, the School of Dentistry found that about 1,100 children presented each year in that hospital's emergency room for a dental procedure (per information provided to the Bureau of Family Health Services in FY 2003). However, with the turnover of dental students, management and analysis of the anticipated database was disrupted and is unlikely to resume.

65. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2004

Field Note:

The scored checklist is attached to Section IV.D., SPM #12, "Last Year's Accomplishments."

This measure becomes inoperative in FY 2005, so there are no targets for FY 2006 onward.

66. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2002

Field Note:

The scored checklist is attached to Section IV. D., SPM #13, Last Year's Accomplishments.

67. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2003

Field Note:

The scored checklist is attached to Section IV. D., SPM #6 (using the CURRENT numbering system), "Last Year's Accomplishments."

During the FY 2004-05 maternal and child health needs assessment, the Bureau of Family Health Services will determine whether this measure will remain operative. If the measure remains operative, criteria will be revised to reflect current programs and issues pertaining to prevention of adolescent pregnancy. Targets for FY 2005 onward would then be revised to reflect the updated criteria.

68. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2004

Field Note:

The scored checklist is attached to Section IV.D, SPM #13, "Last Year's Accomplishments."

This measure becomes inoperative in FY 2005, so there are no targets for FY 2006 onward.

69. Section Number: State Performance Measure #14

Field Name: SM14

Row Name:

Column Name:

Year: 2002

Field Note:

The scored checklist is attached to Section IV. D., SPM #14, Last Year's Accomplishments.

A description of progress on each criterion in the checklist follows.

Characteristics:

1. The State CSHCN Program has developed a unique logo and tag line for all public awareness materials that reflects its message and the scope of its activities and has incorporated them in all its brochures and materials.

Score: 2-Mostly Met. CRS developed a unique logo and tag line to use in all its public awareness materials. The first brochure with the new look was printed and also made available in alternative formats. A second brochure has been revised and is in the process of being printed. Other brochures are being revised with the new look. A CRS public awareness Powerpoint presentation was developed and disseminated to local offices. New, smaller display boards with the new look were ordered for use at local health fairs, etc.

2. The State CSHCN Program has an informational video that can be utilized statewide to disseminate its message and the scope of its activities and services.

Score: 2-Mostly Met. CRS has developed its public awareness plan and has been actively disseminating its newly revised materials through multiple methods, including mail-outs, hand-outs, conference exhibits, presentations, and personal contacts.

3. The State CSHCN Program has a Web site for families with resource information about and links to services for CSHCN that is updated regularly.

Score: 2-Mostly Met. CRS developed an extensive revision to its current Web site that features its seven service programs. CRS is collaborating with the ADRS Office of Communication and Information and the ADRS Division of Computer Services in its ongoing construction. Competing priorities in the Division of Computer Services have slowed progress on this initiative.

4. The State CSHCN Program has developed and implemented a statewide public awareness plan that disseminates its materials through multiple methods.

Score: 1-Partially Met. CRS planned a staff-training program to be completed in FY 2004.

5. The State CSHCN Program has developed and implemented staff training on public awareness strategies and uses of materials to ensure a consistent message statewide.

Score: 1-Partially Met. CRS planned a staff-training program to be completed in FY 2004.

Key: 0-Not Met; 1-Partially Met; 2-Mostly Met; 3-Completely Met.

70. Section Number: State Performance Measure #14

Field Name: SM14

Row Name:

Column Name:**Year:** 2003**Field Note:**

The scored checklist is attached to Section IV. D., SPM #14, Last Year's Accomplishments.

A description of progress on each criterion in the checklist follows.

Characteristics:

1. The State CSHCN Program has developed a unique logo and tag line for all public awareness materials that reflects its message and the scope of its activities and has incorporated them in all its brochures and materials.

Score: 2-Mostly Met. CRS developed a unique logo and tag line to use in all its public awareness materials. Four pieces of material have been revised to include the new look and have also made available in alternative formats. Other brochures are being revised with the new look. The ADRS website and the CRS Non-Medical Vendor directory all incorporate the new look. A CRS public awareness Powerpoint presentation was developed and disseminated to local offices. CRS signage and display boards all include the new look.

2. The State CSHCN Program has an informational video that can be utilized statewide to disseminate its message and the scope of its activities and services.

Score: 2-Mostly Met. CRS utilized the recommendations of the task force convened in FY 2000 regarding format and content for its informational video. The script is written and videotaping is completed. A local newscaster is providing the voice over for the production. A completed video is expected by the end of FY 2004.

3. The State CSHCN Program has a Web site for families with resource information about and links to services for CSHCN that is updated regularly.

Score: 3-Completely Met. CRS, the ADRS Office of Communication and Information, and the ADRS Division of Computer Services developed an extensive revision to its current Web site that features its seven service programs. The website, complete with resource information and program links, is now active and continually updated.

4. The State CSHCN Program has developed and implemented a statewide public awareness plan that disseminates its materials through multiple methods.

Score: 2-Mostly Met. CRS has developed its public awareness plan and has been actively disseminating its newly revised materials through multiple methods, including mail-outs, hand-outs, conference exhibits, presentations, and personal contacts. A Public Awareness Task Force has been convened and will be expanded to include field district and consumer representatives.

5. The State CSHCN Program has developed and implemented staff training on public awareness strategies and uses of materials to ensure a consistent message statewide.

Score: 1-Partially Met. Due to budget constraints, the staff-training program has not been completed. However, meetings have been ongoing and planning has begun to complete this activity.

Key: 0-Not Met; 1-Partially Met; 2-Mostly Met; 3-Completely Met.

71. Section Number: State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

(This performance measure will be discontinued for future reporting.)

The scored checklist is attached to Section IV. D., SPM #14, Last Year's Accomplishments.

A description of progress on each criterion in the checklist follows.

Characteristics:

1. The State CSHCN Program has developed a unique logo and tag line for all public awareness materials that reflects its message and the scope of its activities and has incorporated them in all its brochures and materials.

Score: 3-Completely Met. CRS developed a unique logo and tag line to use in all its public awareness and informational materials. Current materials have been revised and new brochures are developed to include the new look. A CRS public awareness presentation was developed and disseminated to local offices. CRS signage and display boards all include the new look.

2. The State CSHCN Program has an informational video that can be utilized statewide to disseminate its message and the scope of its activities and services.

Score: 2-Mostly Met. CRS utilized the recommendations of a task force convened in FY 2000 regarding format and content for its informational video. The script has been written, videotaping is completed, and a local newscaster has provided the narration for the production. A rough, first cut has been developed with Alabama Department of Public Health, though final edits have not been completed.

3. The State CSHCN Program has a Web site for families with resource information about and links to services for CSHCN that is updated regularly.

Score: 3-Completely Met. CRS, the ADRS Office of Communication and Information, and the ADRS Division of Computer Services developed an extensive revision to its current Web site that features its service programs. The website, complete with resource information and program links, is active and continually updated.

4. The State CSHCN Program has developed and implemented a statewide public awareness plan that disseminates its materials through multiple methods.

Score: 3-Completely Met. CRS has developed its public awareness plan and has been actively disseminating its newly revised materials through multiple methods, including mail-outs, hand-outs, conference exhibits, presentations, and personal contacts. A Public Awareness Task Force has been convened. CRS conducts public awareness exhibits statewide at conferences, health fairs, consumer meetings, etc.

5. The State CSHCN Program has developed and implemented staff training on public awareness strategies and uses of materials to ensure a consistent message statewide.

Score: 1-Partially Met. Due to budget constraints, the staff-training program has not been completed. However, meetings have been ongoing and planning has begun to complete this activity.

Key: 0-Not Met; 1-Partially Met; 2-Mostly Met; 3-Completely Met.

72. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2002**Field Note:**

The numerator is the number of dental providers enrolled in the Alabama Medicaid Program in FY 2002, whether or not they submitted a claim during the reporting year. The denominator is the number of active, licensed Alabama dentists in FY 2002, per Alabama Board of Dental Examiners records.

The added targets for FYs 2006 and 2007 are the same as the target for FY 2005. Targets for 2005-2007 may be revised in FY 2004, based on trends over a 5-year period and an appropriate baseline.

73. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2003**Field Note:**

The numerator is the number of dental providers enrolled in the Alabama Medicaid Program in the corresponding FY, whether or not they submitted a claim during the reporting year. The denominator is the number of active, licensed Alabama dentists in the corresponding FY, per Alabama Board of Dental Examiners records.

The target for FY 2005 is retained for FYs 2006-2008. Whether this measure will continue to be operative will be determined during the FY 2004-05 maternal and child health needs assessment.

74. **Section Number:** State Performance Measure #15

Field Name: SM15

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

75. **Section Number:** State Performance Measure #16

Field Name: SM16

Row Name:

Column Name:

Year: 2002

Field Note:

This state performance measure is being discontinued because its activities will now be addressed under the new CPM # 06, which fully encompasses issues related to transition. Further, in the State's experience with this measure over the past three years, it has become apparent that a referral to Adult Vocational Rehabilitation services at age 16 years is rigid and arbitrary. An individualized transition plan that includes referral, if appropriate, at the optimal time for the young person is more congruent with best practice and family-centered care.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: AL

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.7	9.6	9.5	9.4	9.3
Annual Indicator	9.4	9.4	9.1	8.7	8.6
Numerator	594	567	538	519	507
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	9.2	9.2	9.2	9.2	9.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2.2	2.1	2	2	2
Annual Indicator	2.4	2.2	2.0	2.2	1.9
Numerator	15.4	15.2	14	14.1	12.9
Denominator	6.5	6.8	7	6.5	6.7
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6.3	6.2	6.1	6.1	6
Annual Indicator	5.8	5.9	5.9	5.3	5.0
Numerator	369	355	345	312	297
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3.4	3.4	3.4	3.3	3.3
Annual Indicator	3.6	3.5	3.3	3.5	3.6
Numerator	225	212	193	207	210
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.2	3.2	3.2	3.2	3.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	13.9	13.8	13.7	13.5	13.4
Annual Indicator	9.2	8.7	8.9	7.9	8.0
Numerator	585	526	526	476	476
Denominator	63,453	60,566	59,415	59,890	59,664
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	8	7.9	7.8	7.8	7.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	34.6	33.7	32.9	32	31.2
Annual Indicator	26.9	29.3	28.7	26.1	26.4
Numerator	235	256	251	228	231
Denominator	872,391	872,874	873,359	873,841	874,325
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30.5	30.5	30.5	30.5	30.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 2

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	64.2	59.0	56.7	54.4	52.2
Annual Indicator	46.1	45.8	42.0	53.6	39.0
Numerator	24	23	21	27	20
Denominator	52,082	50,208	49,986	50,338	51,319
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	39	39	38.6	38.2	37.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2003

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

2. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2003

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

3. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2003

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

4. **Section Number:** Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2003

Field Note:

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

5. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator for this measure is the sum of the number of fetal deaths 28 or more weeks in (calculated) gestation plus infant deaths under 7 days of age. The denominator for this measure is the sum of the number of live births plus the number of fetal deaths 28 or more weeks in (calculated) gestation. For years prior to 2000, the Perinatal Mortality Rate (PMR) was calculated using fetal deaths 20 or more weeks in gestation, rather than 28 or more weeks in gestation. The change in definition of the PMR, therefore, presumably accounts for the sharply lower estimate for 2000 versus previous years.

6. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator for this measure is the sum of the number of fetal deaths 28 or more weeks in (calculated) gestation plus infant deaths under 7 days of age. The denominator for this measure is the sum of the number of live births plus the number of fetal deaths 28 or more weeks in (calculated) gestation. For years prior to 2000, the Perinatal Mortality Rate (PMR) was calculated using fetal deaths 20 or more weeks in gestation, rather than 28 or more weeks in gestation. The change in definition of the PMR, therefore, presumably accounts for the sharply lower estimate for 2000 versus previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

7. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

Targets from 2005 onward were set from the most recent final 3-year baseline, of 8.5 perinatal deaths per 1,000 live births plus fetal deaths, in 2001-03. Considering this rate to be the baseline for 2002, targets require a 2.0 % decline per year through 2005, followed by a 1.0% decline per year.

8. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2002

Field Note:

The denominators for 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was 80% of the population count for children under 5 years of age plus those aged 5-9 years and 10-14 years in the specified CY.

9. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2003

Field Note:

The denominators for 2001 through 2003 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was 80% of the population count for children under 5 years of age plus those aged 5-9 years and 10-14 years in the specified CY.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

10. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to calculating this item.

11. Section Number: State Outcome Measure 2

Field Name: SO2

Row Name:

Column Name:

Year: 2002

Field Note:

Prior to 1999 the numerator for this measure included deaths to black and other (not including white) males. For 1999 through 2002 the numerator includes deaths to black males only. Prior to 2000 the denominator represented the population projection for black and other males 15-19 years of age in the specified CY. These projections were made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for black males 15-19 years of age in the specified CY. The denominators for 2001 and 2002 are Bureau of the Census population projections for black males only.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

12. Section Number: State Outcome Measure 2

Field Name: SO2

Row Name:

Column Name:

Year: 2003

Field Note:

Prior to 1999 the numerator for this measure included deaths to black and other (not including white) males. For 1999 through 2003 the numerator includes deaths to black males only. Prior to 2000 the denominator represented the population projection for black and other males 15-19 years of age in the specified CY. These projections were made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for black males 15-19 years of age in the specified CY. The denominators for 2001 through 2003 are Bureau of the Census population projections for black males only.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received. The target for 2005 will be reconsidered, and targets for 2006-2009 set, during the State's FY 2004-05 maternal and child health needs assessment.

13. Section Number: State Outcome Measure 2

Field Name: SO2

Row Name:

Column Name:

Year: 2004

Field Note:

The provisional rate, of 39.0 deaths per 100,000, for 2004 is the lowest rate during the surveillance. As evidenced by the spike to 53.6 deaths per 100,000 in 2003, this rate may vary markedly on occasion. For this reason, the objectives for 2005 and 2006 aim for the rate to remain stable. Subsequent objectives aim for a reduction of 1.0 percent per year.

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: AL

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

CRS state office administrative staff, including the State Parent Consultant, scored the agency on the six characteristics documenting family participation in CSHCN Programs for FY 2004 utilizing an adaptation of a checklist format developed by the State of Wisconsin in December 2001. The scored checklist, including a handout detailing family involvement related to each characteristic was presented to the State Parent Advisory Committee. The scored checklist is attached to Section IV. C., NPM #02, Current Activities.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2006
Field Note:
Family members participate on the State/Local Parent Advisory Committees and all agency task forces, including those related to quality assurance teams, CHARMS computer system design, Care Coordination workgroup, Family Guide task force, 2010 workgroups, the annual program planning meeting, and the bimonthly CRS Administrative Team meetings. The State Parent Consultant participates on the workgroup for the State's SCHIP-Plus program, which provides enhanced services to eligible CSHCN, and in the agency's quarterly meetings with Medicaid. Parents, sponsored by CRS, have been named to serve on the Medicaid Medical Advisory Committee and the Alabama Head Injury Task Force. At the local level, Parent Consultants are active on the Early Intervention District Coordinating Councils and the Children's Policy Councils. Parents who are not employed by the agency are reimbursed an advisory fee and travel expenses at State rates for participation. The State Parent Consultant, Local Parent Consultants and district CRS staff provide training and mentoring to family members. The agency also sponsors family members to attend various local, state, and national training conferences.
- 2. Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2006
Field Note:
Advisory fees and travel expenses at State rates are paid for participation in parent activities. Child care is provided as appropriate. Technical assistance is available through the State Parent Consultant and both state and local CRS staff members. Financial support was given to Family Voices of Alabama in FY 2004 through sponsorship of mailings; provision of clerical time, meeting space, and staff time for technical assistance; and the in-kind services of the State Parent Consultant. A grant was offered to Family Voices of Alabama to host and provide meeting support for family and youth forums as a part of the 2004-2005 needs assessment process.
- 3. Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2006
Field Note:
Five family members participated in the CRS Needs Assessment Advisory Committee for 1999-2000 and over 60 families provided input into the CSHCN portion of the Title V Needs Assessment through 8 family forums during 1999. Six family members and the CRS State Youth Consultant participated in the Needs Assessment Advisory Committee for 2004-2005. Through 8 family forums (English and Spanish) and 1 youth forum, 76 families and 7 youth provided input into the CSHCN portion of the Title V Needs Assessment for 2004-2005. The State Parent Consultant and State Youth Consultant participated in the agency planning meeting for FY 2005 and 2006. The CSHCN section of the MCH Block Grant Application was reviewed by the State Parent Consultant, who along with two Local Parent Consultants and the State Youth Consultant, provided input for the selection of new priority needs and state performance measures. Information from the needs assessment and block grant, as well as a draft State Plan for FY2006 was presented at a State Parent Advisory Committee held in June, 2005. Activities were discussed and a handout was provided supporting the scoring of items included in this checklist.
- 4. Section Number:** Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2006
Field Note:
Family members were involved in the planning of staff trainings and participated as co-presenters at 6 out of 8 (up from 5 out of 8 for FY 2003) training meetings involving the CSHCN staff and providers in FY 2004. These include the Early Intervention and Preschool Conference; the Alabama Transition Conference; Bowel and Bladder Management; OT, Hemophilia, and Point of Sale videoconference; a training related to the management of feeding difficulties; and a 1-day pre-conference related to the identification of warning signs for child abuse and neglect.
- 5. Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2006
Field Note:
Through a partnership with United Cerebral Palsy, CRS employed 13 parents of CSHCN in FY 2004. Family staff and consultants receive new staff orientation upon being hired, mentoring from other staff, and evaluation and assessment of employee functions. Additionally, they are given flexibility in the work setting to accommodate the needs of their families, similar to that of other CRS staff.
- 6. Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2006
Field Note:
CRS actively recruits family members of diverse cultures to participate in the aforementioned activities. One of 8 family forums conducted as a part of the CSHCN portion 2004-2005 Title V Needs Assessment was facilitated in Spanish. Through this forum, 16 Spanish-speaking families provided input to the CSHCN program related to the needs of their children. Of the 13 parents of CSHCN employed by the agency, 46% are African American, which exceeds the diversity in the State population (approximately 26% for all ages, 32% for under age 18 years). Reference for racial demographics is the Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Redistricting data, as reported in Kids Count 2004, Annie E. Casey Foundation and the Alabama Department of Public Health, Center for Health Statistics. The agency would like to recruit a parent consultant from the Hispanic culture.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AL FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve health status of children and youth with special health care needs (CYSHCN) through increased access to comprehensive, quality primary and specialty care, and allied health and other related services.
2. Assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups.
3. Promote evidence-based health education and outreach regarding high priority topics.
4. Further reduce the adolescent pregnancy rate.
5. Reduce the prevalence of violent behavior, including homicide and suicide, committed by or against children, youth, and women.
6. Reduce the prevalence of high risk behaviors, including those predisposing to obesity, in adolescents.
7. Reduce infant mortality, especially among African Americans.
8. Improve the capacity of CYSHCN to be fully integrated into their communities to live, learn, work, and play.
9. Strengthen systems of family and youth support to enable CYSHCN and their families to participate more fully in program and policy development, to identify resources, and to benefit from the services they receive.
10. Further develop the Title V Program's capacity to collect and analyze health-related data and translate findings into information for key stakeholders.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AL

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	On-site regional updates concerning MCH report/application guidance and web-based reporting package, at no cost to participants	To make the training more accessible by removing financial and distance-related barriers, and to promote more interaction among regional and MCHB staff	Co-presenters: 1) Christopher Dykton, Science Applications International Corporation 2) Staff member, Maternal and Child Health Bureau, U.S. Health Resources and Services Administration
2.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Regionally based, hands-on workshops regarding analysis of the 2003 Anational Survey of Children's Health database	To promote efficient, informed use of the database by State Title V programs	National Center for Health Statistics, U.S. Centers for Disease Control
3.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Consultation in data gathering and implementation of activities related to the Alabama Healthy People 2010 initiative	Support ability to measure and track progress towards HP 2010 objectives for CYSHCN	Unknown
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: AL

SP # 1

PERFORMANCE MEASURE:

The degree to which the Bureau of Family Health Services (BFHS) addresses the folic acid intake of women of childbearing age

STATUS:

Active

GOAL

To ensure that Alabama women of childbearing age have adequate folate intake, as recommended by the Centers for Disease Control and Prevention.

DEFINITION

See Appendix C for a checklist of 6 criteria for documenting the provision of such education and implementation of such surveys. Please check the degree to which these criteria have been met. The total score may range from 0-18.

Numerator:

Not applicable

Denominator:

Not applicable

Units: 18 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

BFHS will estimate the degree to which the checklist criteria are met. Data sources for ascertaining knowledge about or consumption of folate by Alabama women of childbearing age will not be available in the near future, but merit inclusion on the checklist.

SIGNIFICANCE

Neural tube defects, which include spina bifida and anencephaly, are common birth defects in the Nation and can cause infant death or serious disability. Among live-born infants in newborn nurseries in Jefferson County, Alabama, during 1986 and 1987, the incidence of spina bifida was 1.3 cases per 1,000 births, and the incidence of anencephaly was 0.2 cases per 1,000 births. In 1992, the United States Public Health Service recommended that all women of childbearing age in the Nation who are capable of becoming pregnant should consume 0.4 mg of folic acid per day in order to reduce their risk of having a pregnancy affected with spina bifida or other neural tube defects. The Alabama Department of Public Health lacks an estimate of folic acid intake by nonpregnant clients and has no data-based estimate of the proportion of such clients who are aware of the need for adequate intake of folic acid.

SP # 7

PERFORMANCE MEASURE:

The degree to which key maternal and child health databases are developed and analyzed, with pertinent findings reported to and utilized by the Bureau of Family Health Services (BFHS)

STATUS:

Active

GOAL

To promote appropriate development, management, analysis, reporting, and utilization of data pertaining to Title V populations.

DEFINITION

See Appendix C for a checklist of 6 criteria for documenting development, management, analysis, reporting, and utilization of databases. Please check the degree to which the criteria have been met. The total score may range from 0-18.

Numerator:

Not applicable

Denominator:

Not applicable

Units: 18 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Staff from BFHS will complete the checklist. The limitations, as well as strengths, of any data system and/or methodology will be considered when interpreting findings. Quite often, public health programs have not been (and sometimes cannot be) implemented in a way that allows rigorous assessment of a program's impact on the outcome of interest. Information from any study will be interpreted in the context of relevant literature and experience.

SIGNIFICANCE

"Public health surveillance is the systematic collection, analysis, interpretation, dissemination, and use of health information (Healthy People 2000, Full Report, p. 550)." The information should be used to better understand the health status of the population and to plan, implement, describe, and evaluate public health programs. Implementation of activities described in the attached checklist will (1) promote fuller utilization of data in developing policies and planning programs to promote the health of women, infants, and children and (2) enhance understanding of the factors involved.

SP # 10

PERFORMANCE MEASURE:

The degree to which the State assures case management to facilitate access to, as well as full benefit from, available health care for children enrolled in the Patient 1st program

STATUS:

Active

GOAL

To reduce barriers to health and dental care and improve the physical and dental health of children.

DEFINITION

See corresponding checklist, which shows five components of infrastructure necessary for assuring the provision of case management services to children enrolled in Patient 1st. Please check the degree to which each component has been implemented. The total score may range from 0-15.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Department of Public Health's Family Health Services Bureau.

SIGNIFICANCE

Patient 1st children and their families may require assistance with accessing and coordinating health and dental care services. Public Health social workers and nurses are uniquely qualified to provide case management services. They are experienced in working with a broad spectrum of public and private providers in assuring that patients have access to health and dental care services and get the maximum benefit from these services.

SP # 11

PERFORMANCE MEASURE:

The percent of children, 0-9 years of age, enrolled in the Patient 1st Program who received case management services during the reporting year.

STATUS:

Active

GOAL

To increase the number of children enrolled in Patient 1st receiving case management services through the Alabama Department of Public Health's Bureau of Family Services.

DEFINITION

Numerator:

Number of children aged 0-9 years who are enrolled in Patient 1st and received case management services from the Alabama Department of Public Health during the reporting period

Denominator:

Total number of children aged 0-9 years who are enrolled in Patient 1st during the reporting period

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Department of Public Health and the Alabama Medicaid Agency

SIGNIFICANCE

Patient 1st children and their families may require assistance with accessing and coordinating health and dental services. Public health social workers and nurses are uniquely qualified to provide case management services. Utilization of the services, however, is independent of the establishment of the services. Assurance that these case management services are accessed will ensure that patients are able to acquire and fully benefit from the health and dental services available to them under the Patient 1st program.

SP # 12

PERFORMANCE MEASURE:

The degree to which the State develops and implements a plan to promote utilization of dental services, particularly utilization of preventive services by low income children

STATUS:

Active

GOAL

To increase the proportion of children enrolled in Medicaid who receive dental services.

DEFINITION

See corresponding checklist, which shows five components of the infrastructure necessary for the promotion of utilization of dental services. Please check the degree to which each component has been implemented. The total score may range from 0-15.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** 5

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Bureau of Family Health Services' Oral Health Branch

SIGNIFICANCE

Current data show that preventive dental services are rarely being accessed by children enrolled in Medicaid. While research confirms that 98% of dental disease is preventable, appropriate measures must be incorporated as early as possible to maintain optimal oral health throughout life. Those at high risk for oral disease are often unaware of dental problems, measures necessary for prevention, and consequences of unattended dental disease. The value of dental health needs to be emphasized in this group to improve dental services utilization.

SP # 13

PERFORMANCE MEASURE:

The degree to which programs and policies designed to prevent adolescent pregnancy are implemented and evaluated

STATUS:

Active

GOAL

To further reduce the adolescent pregnancy rate.

DEFINITION

See corresponding checklist, which shows six criteria for documenting the provision and evaluation of such programs. Please check the degree to which each component has been implemented. The total score may range from 0-18.

Numerator:

N/A

Denominator:

N/A

Units: 18 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Bureau of Family Health Services will estimate the degree to which the checklist criteria are met.

SIGNIFICANCE

In Alabama, as well as in the remainder of the nation, teenage pregnancy remains an intense issue. Because adolescents have not had time to fully mature or to fully avail themselves of educational, job-related, or social/cultural opportunities, most adolescents are not well prepared to provide for and nurture children. Adolescent childbearing, therefore, generally adversely affects the well being of the youthful parents and of their children. Moreover, premature sexual activity itself may adversely affect the adolescent's overall development and expose him or her to sexually transmitted diseases, especially if the adolescent or the partner does not have the desire and/or capacity to engage in responsible sexual behavior. For these reasons, BFHS should provide or facilitate provision of programs to prevent adolescent pregnancy, as well as evaluations to assess the process and effectiveness of these programs.

SP # 14

PERFORMANCE MEASURE:

The degree to which the State Children with Special Health Care Needs Program assures public awareness of Title V CSHCN programs and activities among families and public/private service providers

STATUS:

Active

GOAL

To increase public awareness of Title V CSHCN services, programs, and activities among families and public/private service providers to improve access to the State's resources for CSHCN.

DEFINITION

Attached is a checklist of five characteristics that document the development and implementation of a public awareness program. Please check the box that most accurately describes the degree to which the public awareness activities are implemented.

Numerator:

N/A

Denominator:

N/A

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data source is the State CSHCN Program.

SIGNIFICANCE

The lack of public awareness of the State Title V CSHCN Program services, programs, and activities was apparent in the eight statewide family forums and county-level provider surveys conducted as part of the Title V needs assessment. Families acknowledged that the State's service system is complex and difficult to negotiate due to a lack of knowledge of the available resources. Due to its role in developing and assuring a coordinated statewide system of care for CSHCN, the State Title V CSHCN Program is in a unique position to disseminate information about the State's resources for these children. Therefore, increasing public awareness of the State Title V CSHCN Program is an important step in increasing access to needed services for CSHCN and their families.

SP # 15

PERFORMANCE MEASURE:

The percent of Alabama dentists who actively provide dental services for Medicaid-enrolled children

STATUS:

Active

GOAL

To increase the proportion of Alabama dentists who actively provide dental services for children enrolled in Medicaid.

DEFINITION

Numerator:

The number of licensed dentists (general and specialists) within Alabama who are enrolled in the Alabama Medicaid Program and provided services to children ages 1 through 21 years enrolled in Medicaid during the reporting year.

Denominator:

The total number of licensed dentists within Alabama including general dentists and specialists.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Alabama Medicaid Agency and The Board of Dental Examiners

SIGNIFICANCE

Assuring access to dental care, especially for low-income children, was identified during the State's 5-year Needs Assessment as a priority maternal and child health need. Twenty of Alabama's 67 counties have no dental care providers who accept Medicaid as a source of payment. In addition, 30 counties have only one dental practice in the county to provide services regardless of source of payment. Many Medicaid clients have to travel over 100 miles to receive dental services.

SO # 2

OUTCOME MEASURE:

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

STATUS:

Active

GOAL

To reduce the homicide/legal intervention death rate for African American males 15 to 19 years of age.

DEFINITION

Numerator:

The number of 15 to 19 year old African American male deaths due to homicide or legal intervention

Denominator:

The number of African American males 15-19 years of age

Units: 100000 **Text:** rate per 100,000

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data source for the numerator is the Alabama Center for Health Statistic's mortality database. Data source for the denominator is the Alabama State Data Center's (Center for Business and Economic Research , University of Alabama) annual population projections, as reported in ADPH's annual Vital Events publication.

SIGNIFICANCE

Homicide and legal intervention are collectively the leading cause of death among African American males aged 15 to 19 years. Consequently, a wide racial gap exists with respect to deaths due to homicide and legal intervention in this age group. Although the homicide/legal intervention death rate among African American males in this age group has been declining, further decline is needed.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES**1. Section Number:** State Performance Measure 5**Field Name:** SPM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

FIVE CHARACTERISTICS THAT DOCUMENT A SYSTEM TO ASSURE ACCESS TO PRIMARY/SPECIALTY CARE AND ALLIED HEALTH AND OTHER RELATED SERVICES

1. The State CSHCN Program, the State Parent Advisory Committee, and the Youth Advisory Committee have developed a statewide plan to develop a training related to the unique needs of CYSHCN, cultural competence, family-centered care, care coordination, and resources available within the State.

0 1 2 3

2. The State CSHCN Program, the State Parent Advisory Committee, and the Youth Advisory Committee have developed a statewide training module for service providers to CYSHCN (primary and specialty care and allied health and other related services) to increase awareness of the unique needs of CYSHCN, including the core components of cultural competence, family-centered care, and care coordination. Protocols and tools for implementation have been developed.

0 1 2 3

3. CSHCN Program staff are trained statewide on the training module and lead trainers are identified for all district divisions of the CSHCN Program.

0 1 2 3

4. At least 5 trainings are conducted annually for providers of services to CYSHCN in the State (physicians, dentists, partner agencies, allied health providers) utilizing the training module (professional association conferences, health professional schools, private offices, inter-agency meetings, etc.). An evaluation plan related to the learning objectives of the training module has been developed and implemented.

0 1 2 3

5. The State CSHCN Program has designed and implemented a method of monitoring the number and distribution of providers of service to CYSHCN and to assess the satisfaction of CYSHCN and their families with services received in their communities.

0 1 2 3

Key:

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

2. Section Number: State Performance Measure 6**Field Name:** SPM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

FIVE CHARACTERISTICS THAT DOCUMENT A SYSTEM TO ASSURE COLLABORATION TO PROMOTE PARTICIPATION OF ALABAMA'S CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS IN THEIR SCHOOLS AND COMMUNITIES

1. The State CSHCN Program, the State Parent Advisory Committee, and the Youth Advisory Committee have developed a strategic plan to create a comprehensive collaborative effort to address the participation of families and Children and Youth with special health care needs in their schools and communities.

0 1 2 3

2. The State CSHCN Program, the State Parent Advisory Committee, the Youth Advisory Committee and appropriate advocacy agencies have developed (facilitated in collaboration with partners) a training curriculum for families including special education rights, effective participation in the IEP process, and skills building in advocating for integration into school and community activities (education, recreation, etc.). Protocols and tools for implementation have been developed.

0 1 2 3

3. The State CSHCN Program, the State Parent Advisory Committee, the Youth Advisory Committee and appropriate advocacy agencies have developed (facilitated in collaboration with partners) a training curriculum for local educational agency staff to provide technical assistance and education related to the health needs of CYSHCN and promoting full integration into the educational and recreational setting. Protocols and tools for implementation have been developed.

0 1 2 3

4. CSHCN Program and EI staff are trained statewide on school-related health issues for CYSHCN, effective participation in IEP development, and strategies to promote full integration of CYSHCN into their school environment.

0 1 2 3

5. Trainings are conducted for local educational agency staff and families of CYSHCN staff utilizing the training modules. An evaluation plan related to the learning objectives of the training module has been developed and implemented. State CSHCN Program staff regularly participate in the IEP process of CYSHCN enrolled in the State CSHCN Program.

0 1 2 3

Key:

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: AL

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	104.9	67.3	67.3	90.6	79.0
Numerator	3,140	2,020	2,020	2,736	2,402
Denominator	299,253	300,045	300,045	302,071	304,098
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	115.5	126.4	121.5	124.5	124.9
Numerator	41,746	46,302	44,104	45,152	45,771
Denominator	36,137	36,638	36,285	36,265	36,660
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	57.8	64.5	64.5	64.6	49.4
Numerator	316	182	475	843	848
Denominator	547	282	736	1,305	1,718
Is the Data Provisional or Final?				Provisional	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	77.6	78.1	78.9	79.8	79.8
Numerator	48,833	46,927	46,281	47,351	46,981
Denominator	62,934	60,063	58,647	59,356	58,900
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	32.3	39.2	42.4	46.5	49.8
Numerator	25,684	32,463	37,568	42,774	46,860
Denominator	79,413	82,709	88,678	91,927	94,101
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	22.0	20.4	19.2	18.3	16.2
Numerator	4,348	4,352	4,352	4,327	3,824
Denominator	19,770	21,360	22,670	23,635	23,677
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2002

Field Note:

To our knowledge, the State still has neither a representative, centralized hospital discharge database nor plans to develop one in the near future. The Bureau of Family Health Services has, therefore, obtained numbers on inpatient hospital discharges for asthma in 0-4 year-old children in FY 2002 whose hospitalizations were paid for by the Alabama Medicaid Agency (Medicaid) or by Alabama Blue Cross Blue Shield (BCBS). The denominator for the FY 2002 estimate is problematic, and the choice of denominator notably affects the estimate. Adding the estimated numbers of 0-4 year-old enrollees respectively provided by Medicaid ("unduplicated recipient count") and Alabama BCBS yielded a denominator of 410,675--37% higher than the estimated Alabama population for this age group (Center for Business and Economic Research [CBER], the University of Alabama, Spring 2001). We chose to use the CBER-estimated Alabama population for this age group, 300,045, for the denominator--and arrived at the estimate of 67.3 hospitalizations per 10,000 children aged 0-4 years. The direction of bias for this estimate is uncertain: On the one hand, the CBER-estimated population may be too low; on the other hand, the numerator does not capture hospitalizations of children not enrolled in Medicaid or Alabama BCBS. Using a denominator of 410,675 (the total estimated number of 0-4 year-old children enrolled in Medicaid and Alabama BCBS) yields a notably lower estimated rate: 49.2 hospitalizations per 10,000 enrollees. However, because the denominator of over 400,000 appears excessively large, we believe that the estimate of 49.2 hospitalizations per 10,000 enrollees is spuriously low. During the coming year, we will seek to identify potential reasons for the discrepancy in the CBER-based estimate and the number of enrollees collectively estimated by Medicaid and Alabama BCBS.

In spite of the problematic denominator for FY 2002, we have more confidence in our estimate (of 67.3 hospitalizations per 10,000) for that year than in the estimate for 2000. The numerator for 2000 was derived from the number of pertinent hospitalizations reported by hospitals we contacted and who agreed to provide numbers. The total of the reported pertinent hospitalizations was multiplied by a factor (the inverse of the proportion of the State's pediatric beds located in the participating hospitals), to account for the fact that the participating hospitals did not collectively cover the entire State. A very serious flaw of the methods used for 2000 was that a major pediatric hospital in the State did not provide numbers.

Because we have no pertinent databases for 2001, the estimate for 2002 is shown as our best estimate for 2001.

2. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2003

Field Note:

The State still does not have a representative, centralized hospital discharge database nor firm plans to develop one in the near future. For CYs 2002-03, however, Blue Cross and Blue Shield of Alabama (BCBS) and the Alabama Medicaid Agency (Medicaid) have provided numbers for estimating the asthma hospitalization rate in preschool children enrolled in their respective plans. We believe that numbers provided by these 2 organizations collectively represent most Alabama children under 5 years of age.

Respective numerators for CYs 2002-03 estimates are the total numbers of discharges for inpatient hospitalizations due to asthma among 0-4 year-old enrollees in either BCBS or Medicaid. Denominators are the estimated population of 0-4 year-old Alabama children for those respective years, reported by the Center for Business and Economic Research, the University of Alabama. Since we had no corresponding numbers or a suitable database for 2001, we used numbers for 2002 as our best estimates for 2001. Because the current method of estimating the State's asthma hospitalization rate for preschool children has been used for only 2 years, we cannot confidently describe trends in this indicator.

The reason for using population-based denominators for 2002-03, rather than the total reported numbers of 0-4 year-old enrollees in BCBS and Medicaid, is that for each of these years the total reported number of BCBS and Medicaid enrollees in this age group exceeds the estimated population for this age group. The apparent over-estimate of total enrollees, along with failure to capture hospitalizations among children who are enrolled in other plans or have no insurance, would markedly underestimate the rate. Population estimates provide a relatively stable denominator, and most children in the State are presumably insured by BCBS or Medicaid. Taking the preceding issues into account, we consider the estimated population to be the preferable denominator. Nevertheless, we recognize that the reported estimates for 2001-03 are likely to be somewhat lower than the actual hospitalization rates, since hospitalizations of children who are uninsured or enrolled in other plans are not counted.

In spite of the problematic denominators for FYs 2001-03, we have more confidence in our estimates for these years than in the estimates for 1999 and 2000. The numerators for 1999 and 2000 were derived from the numbers of pertinent hospitalizations reported by hospitals we contacted who agreed to provide numbers. The total of the reported pertinent hospitalizations was multiplied by a factor (the inverse of the proportion of the State's pediatric beds located in the participating hospitals), to account for the fact that the participating hospitals did not collectively cover the entire State. A very serious flaw of the method used in 1999 and 2000 was that a major pediatric hospital in the State did not provide numbers.

3. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2004

Field Note:

To our knowledge, the State still has neither a representative, centralized hospital discharge database nor plans to develop one in the near future. As explained in the notes to 2002 and 2003, therefore, the Bureau of Family Health Services has obtained numbers on inpatient hospital discharges for asthma in 0-4 year-old children in FYs 2002 and 2003 whose hospitalizations were paid for by the Alabama Medicaid Agency (Medicaid) or by Alabama Blue Cross Blue Shield (BCBS). As discussed in the note for 2002, the denominator for this indicator is problematic. Nevertheless, as explained in the note for 2003, we have more confidence in estimates for 2002 and 2003 than in the estimate for 2000.

As of July 2, 2005, we have not received numbers from Medicaid pertaining to this indicator. Therefore, the provisional estimate shown for FY 2004 was derived as follows: 1) The denominator is the estimated population for this age group in 2004; 2) the rate is the estimated rate for FYs 2002 and 2003 combined, obtained by dividing the sum of the numerators by the sum of the denominators; and 3) the numerator

4. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2002

Field Note:

This indicator exceeds 100% based on the HCFA 416 Annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Participation Report provided by the Alabama Medicaid Agency. The total number of eligibles receiving at least one periodic screen, 44,104, accounts for all the screens done in FY 2002 regardless of the child's possible change in eligibility. The average period of eligibility for infants (under 1 year) was only 74.5% of a year during this reporting period; therefore, children who received an EPSDT during FY 2002 may have no longer been eligible at the close of the year--accounting for the total number of eligibles only being 36,285. Although we realize that the true proportion cannot exceed 100%, we believe that the counts provided by HCFA are informative and worth tracking over time. Accordingly, we have not replaced the reported numbers with arbitrarily selected numbers to yield an estimate of 100% or less. For practical purposes, however, we assume that the true proportion is 90% or more.

5. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:
Column Name:
Year: 2003

Field Note:

This indicator exceeds 100% based on the HCFA 416 Annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Participation Report provided by the Alabama Medicaid Agency. The total number of eligibles receiving at least one periodic screen, 45,152, accounts for all the screens done in FY 2003 regardless of the child's possible change in eligibility. The average period of eligibility for infants (under 1 year) was only 74.8% of a year during this reporting period; therefore, children who received an EPSDT during FY 2003 may have no longer been eligible at the close of the year--accounting for the total number of eligibles only being 36,265. Although we realize that the true proportion cannot exceed 100%, we believe that the counts provided by HCFA are informative and worth tracking over time. Accordingly, we have not replaced the reported numbers with arbitrarily selected numbers to yield an estimate of 100% or less. For practical purposes, however, we assume that the true proportion is 90% or more.

6. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2004

Field Note:

The total number of eligibles receiving at least one periodic screen, 45,771, accounts for all the screens done in FY 2004 regardless of the child's possible change in eligibility. The average period of eligibility for infants (under 1 year) was only 75.2% of a year during this reporting period. Please see year 2002 or 2003 notes above for additional comments.

7. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2002

Field Note:

The numbers for this estimate were provided by the Alabama State Children's Health Insurance Program (SCHIP). Clearly, estimates for 1999, 2001, and 2002 are invalid since they substantially exceed 100%. As described in the 1999 Report/2001 Application, SCHIP staff then conjectured that one reason for estimates in excess of 100% may have been that some children who received a periodic screen during a year were no longer eligible for SCHIP at the close of the year and, therefore, may not have been counted in the denominator. Additionally, the numerators for 2001 and 2002 represent initial and periodic screens, so some children may be counted more than once. On the other hand, SCHIP staff conjectured that the estimate for 2000 underestimated the true proportion, because they suspected that well baby visits were often coded as visits for illness. Consequently, the direction of bias for these estimates varies markedly from year to year, so that the estimates are not useful for tracking trends. Moreover, SCHIP staff do not know if all children in the denominator have been screened. (We therefore presume that the involved databases are not linked.) Because the Bureau of Family Health Services does not have access to the databases used for estimating this measure, a time frame for resolving the data problems cannot be stated. However, we will consult with SCHIP staff to ascertain if a consistent method for estimating this measure can be developed so that, even if individual measures are not valid, the direction of bias would be consistent and estimates could be used to track this issue over time.

8. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

SCHIP, BCBS, and Epi/Data Branch staff have consulted extensively regarding potential ways to better estimate the proportion of SCHIP enrollees whose age is less than 1 year during the reporting year who received at least 1 initial or periodic screen. Based on these consultations, the previous computation of "percents" (reported in PREVIOUS reports/applications) that exceeded 100 was mainly for 2 reasons. First, at the time of those reports/applications, SCHIP could not report unduplicated counts of individuals, so was instead reporting numbers of screens, which inflated the numerator. Secondly, the enrollment at the end of a given FY was apparently reported as the denominator, making the denominator spuriously low.

Based on the aforesaid consultations, we are developing new methods for estimating the numerator and denominator for this indicator. Per the current stage of these in-progress methods, we estimate that, in FY 2003, 64.6% of SCHIP enrollees under 1 year of age received at least 1 periodic screen before their 1st birthday. Clearly, this estimate does not support our previous assumption that 90% or more of SCHIP enrollees under 1 year of age receive at least 1 periodic screen. However, in stark contrast to earlier methods, our current methods most likely underestimate the proportion of SCHIP infants who receive age-appropriate screens, perhaps markedly. To elaborate, the denominator is the number of children who were less than 1 year of age at any time during the reporting year and were enrolled in SCHIP at any time during the reporting year; and the numerator is the number of such children who had 1 or more initial or periodic screens WHILE LESS THAN 1 YEAR OF AGE at any time during the reporting year. Consequently, some infants who reached 1 year of age before the end of the FY may not have been due for a screen until on or after his or her 1st birthday--& that screen would not have been counted.

SCHIP and BCBS will continue seeking feasible methods to better estimate this indicator. For instance, including children in the numerator who were 1 year of age at some time during the reporting year and were screened in that year after their 1st birthday would probably provide a better estimate. Further, SCHIP and BCBS may consider adapting methods being used for any measures derived from the Health Plan Employer Data and Information Set (HEDIS) that involve similar data management or analytic issues. Accordingly, the reported estimate of 64.6% is considered provisional. Nevertheless, since it data-based, we consider it to be the preferable estimate for any recent year for which the earlier estimate exceeded 100%. Accordingly, we have replaced previous estimates that had exceeded 100% with an estimate approximating the provisional estimate for 2003.

9. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

Methodology used for 2004 follows that detailed in year 2003 notes above.

Per SCHIP Program staff, the number of screens is substantially lower this year than last. In FY 2004, the SCHIP Program had a waiting list in place. Per program staff, in non-waiting list situations, the children would receive services earlier than they do when there is a waiting list. When a waiting list is in place, children are enrolled at an older age and may not have been due for a screen during the desired timeframe.

For this indicator, the numerator is the number of screens, provided through ALL Kids, for enrollees < one year of age.

Please see year 2003 notes for additional comments.

10. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2002

Field Note:

For 2001, because the percentage (78.1%) calculated for HSC #04 applies to women 15 through 44 years of age, the percentage (78.0%) originally calculated for the "All" cell in HSC #05 differs slightly. The 78.0% calculated for HSC #05 includes the 232 women who were either younger than or older than the 15 to 44 years of age group. However, because (per reporting requirements) the estimates for HSC #04 and HSC #05 must agree, the percentage in Form 18 HSC #05 has been entered as 78.1%.

11. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2003

Field Note:

Because the percentage (78.9% in 2002) calculated in HSC #04 applies to women 15 through 44 years of age, the percentage (78.8%) originally calculated for the "All" cell in HSC #05 (which pertains to 2002) differs slightly. The 78.8% calculated for HSC #05 includes the 220 women who were either younger than or older than the 15 through 44 years of age group. However, because (per reporting requirements) the estimates for HSC #04 and HSC #05 must agree, the percentage in Form 18 HSC #05 has been entered as 78.9%.

12. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

The denominator was provided to each state by the Social Security Administration for FY 2002 through the Institute for Child Health Policy. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2002. It is based on a 10% sample. The numerator is programmatic data.

13. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

The denominator was provided to each state by the Social Security Administration for FY 2003 through the Institute for Child Health Policy. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2003. It is based on a SORD file and 100% data. The numerator is programmatic data.

14. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

The denominator was provided to each state by the Social Security Administration for FY 2004. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2004. It is based on a SORD file and 100% data. The numerator is programmatic data.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: AL

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Payment source from birth certificate	<u>12</u>	<u>8.4</u>	<u>10</u>
b) Infant deaths per 1,000 live births	2003	Payment source from birth certificate	<u>10.6</u>	<u>7</u>	<u>8.6</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Payment source from birth certificate	<u>75</u>	<u>90.4</u>	<u>83.6</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Payment source from birth certificate	<u>74.1</u>	<u>84.2</u>	<u>79.8</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: AL

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2004	<u>133</u> <u>100</u> <u> </u>
c) Pregnant Women	2004	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: AL

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2004	<u>200</u> <u>200</u> <u> </u>
c) Pregnant Women	2004	<u>200</u>

FORM NOTES FOR FORM 18

Please see year 2002 or 2003 notes above for comments pertaining to the various items in this form.

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AL

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AL

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Alabama Youth Tobacco Survey	3	No

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other: 		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: AL

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	9.7	9.6	9.9	10.0	10.6
Numerator	6,154	5,815	5,844	5,932	6,249
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.9	7.8	8.0	8.1	8.5
Numerator	4,796	4,528	4,560	4,664	4,862
Denominator	61,031	58,240	56,882	57,406	57,052
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.0	2.0	2.1	2.0	2.1
Numerator	1,282	1,188	1,227	1,216	1,230
Denominator	63,166	60,294	58,867	59,356	59,117
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.6	1.5	1.6	1.6	1.6
Numerator	984	874	909	930	940
Denominator	61,031	58,240	56,882	57,406	57,052
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	13.6	15.8	13.8	12.3	12.6
Numerator	127	147	129	115	118
Denominator	931,589	932,478	933,368	934,255	935,145
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.5	6.3	6.1	5.4	6.5
Numerator	51	59	57	50	61
Denominator	931,589	932,478	933,368	934,255	935,145
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	39.9	42.5	43.8	38.1	45.2
Numerator	252	271	282	248	297
Denominator	631,445	637,778	644,113	650,445	656,780
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			142.1	123.2	123.2
Numerator			1,326	1,151	1,151
Denominator			933,368	934,255	934,255
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			26.6	22.8	22.8
Numerator			248	213	213
Denominator			932,478	934,255	934,255
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			188.3	164.0	164.0
Numerator			1,213	1,067	1,067
Denominator			644,113	650,445	650,445
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	38.5	31.6	35.8	32.4	30.9
Numerator	5,592	5,065	5,789	5,254	5,026
Denominator	145,257	160,165	161,494	162,159	162,823
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	9.5	8.7	9.5	8.9	9.6
Numerator	7,114	7,024	7,651	7,164	7,721
Denominator	751,115	810,716	807,808	806,356	804,901
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

Health Status Indicators (HSIs) #4A, #4B, and #4C

Alabama does not have a database from which to directly estimate the number of nonfatal injuries. In order to meet federal reporting requirements, FHS staff estimated the numerator for each of these indicators by multiplying a factor times the numerator for the corresponding mortality indicator (HSI #3A, #3B, or #3C). This factor is based on Kentucky's experience, that is, Kentucky's numbers for HSIs #3A-3C and #4A-4C, as reported in Kentucky's on-line Maternal and Child Health Services Block Grant 2003 Annual Report/2005 Application. Kentucky was chosen from several potential states because, compared to the other states under consideration, Kentucky is geographically closer to Alabama. As well, Kentucky's 2003 estimate for HSI #3A was closer to Alabama's estimate than estimates from the other states under consideration were. Therefore, the assumption underlying our estimated numbers of nonfatal injuries (HSIs #4A, #4B, and #4C) in Alabama is this: that Alabama's ratio of the number of nonfatal injuries to the corresponding number of fatal injuries (HSI #3A, #3B, or #3C) is the same as Kentucky's ratio over a combined 3-year period, 2000-2002.

FIELD LEVEL NOTES

1. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2002

Field Note:

The denominators for 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

2. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2003

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

3. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

4. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2002

Field Note:

The denominators for 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

5. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2003

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for children 14 years of age and younger in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for children 14 years of age and younger in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

6. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

7. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2002

Field Note:

The denominators for 2002, 2001 and years prior to 2000 represent the population projection for youth 15 through 24 years of age in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the

Bureau of the Census, and was the population count for youth 15 through 24 years of age in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2002, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2002 may not be comparable to those for previous years.

8. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2003

Field Note:

The denominators for 2003, 2002, 2001 and years prior to 2000 represent the population projection for youth 15 through 24 years of age in the specified CY. These projections are made by Alabama's Center for Business and Economic Research. The denominator for 2000 was derived from the 2000 Census of Population, SF 1 File, conducted by the Bureau of the Census, and was the population count for youth 15 through 24 years of age in the specified CY.

International Classification of Diseases, Tenth Revision (ICD-10) codes were used for 1999 through 2003, while International Classification of Diseases, Ninth Revision (ICD-9) codes were used for earlier years. Thus, estimates for 1999 through 2003 may not be comparable to those for previous years.

The estimate for 2003 is rough and very provisional, and additional deaths may yet be reported. In particular, death certificates for any Alabama residents who died in Mississippi have not yet been received.

9. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2004

Field Note:

Please see year 2002 or 2003 notes above for additional comments pertaining to this item.

10. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2002

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003.

11. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2003

Field Note:

For 2000-2002 combined, Kentucky reported 3,104 numerator events for HSI #4a and 302 numerator events for HSI #3A, yielding the factor 10.27815. Multiplying this factor times Alabama's respective numerators for HSI #3A (fatal injuries) for 2002 and 2003, yielded numerators for Alabama of 1,326 and 1,151, in 2002 and 2003 respectively, for HSI #4A. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

12. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2004

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003. Because numbers for 2004 are not yet available, estimates for 2003 are reported as the best estimates for 2004. Actual numbers for 2004 are expected to be available by the end of FY 2004.

13. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2002

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003.

14. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2003

Field Note:

HSI #4B

For 2000-2002 combined, Kentucky reported 543 numerator events for HSI #4B and 125 numerator events for HSI #3B, yielding the factor 4.34400. Multiplying this factor times Alabama's respective numerators for HSI #3B (fatal injuries) for 2002 and 2003, yielded numerators for Alabama of 248 and 213, in 2002 and 2003 respectively, for HSI #4A. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

15. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2004

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003. Because numbers for 2004 are not yet available, estimates for 2003 are reported as the best estimates for 2004. Actual numbers for 2004 are expected to be available by the end of FY 2004.

16. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2002

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled

"Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003.

17. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2003

Field Note:

HSI #4C

For 2000-2002 combined, Kentucky reported 2,748 numerator events for HSI #4C and 639 numerator events for HSI #3C, yielding the factor 4.30047. Multiplying this factor times Alabama's respective numerators for HSI #3C (fatal injuries) for 2002 and 2003, yielded numerators for Alabama of 1,213 and 1,067 in 2002 and 2003 respectively, for HSI #4C. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

18. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2004

Field Note:

Alabama does not have a database for directly estimating the numerator for this indicator. To ascertain how the numerator was estimated, see 1)form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C," and indicator-level note for 2003. Because numbers for 2004 are not yet available, estimates for 2003 are reported as the best estimates for 2004. Actual numbers for 2004 are expected to be available by the end of FY 2004.

19. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator represents cases rather than unduplicated patient counts.

20. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator represents cases rather than unduplicated patient counts.

21. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2004

Field Note:

The numerator represents cases rather than unduplicated patient counts.

22. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator represents cases rather than unduplicated patient counts.

23. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator represents cases rather than unduplicated patient counts.

24. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2004

Field Note:

The numerator represents cases rather than unduplicated patient counts.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	59,756	38,927	19,145	145	446	16	1,077	
Children 1 through 4	236,344	154,343	75,660	677	1,750	82	3,832	
Children 5 through 9	292,801	192,800	91,648	1,463	2,430	128	4,332	
Children 10 through 14	316,128	204,656	103,682	1,780	2,243	107	3,660	
Children 15 through 19	318,229	206,171	104,422	1,996	2,215	128	3,297	
Children 20 through 24	327,153	215,217	103,424	2,112	3,096	178	3,126	
Children 0 through 24	1,550,411	1,012,114	497,981	8,173	12,180	639	19,324	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	57,115	2,641	
Children 1 through 4	227,117	9,227	
Children 5 through 9	283,768	9,033	
Children 10 through 14	308,561	7,567	
Children 15 through 19	311,300	6,929	
Children 20 through 24	317,127	10,026	
Children 0 through 24	1,504,988	45,423	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	163	44	117	0	0	0		2
Women 15 through 17	2,672	1,358	1,277	8	9	1		19
Women 18 through 19	5,423	3,197	2,171	16	16	0		23
Women 20 through 34	45,495	31,404	13,225	133	593	6		134
Women 35 or older	5,352	4,087	1,114	13	120	1		17
Women of all ages	59,105	40,090	17,904	170	738	8	0	195

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	151	12	
Women 15 through 17	2,479	192	1
Women 18 through 19	5,080	342	1
Women 20 through 34	42,917	2,545	33
Women 35 or older	5,104	244	4
Women of all ages	55,731	3,335	39

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	507	268	231	1	1	0		6
Children 1 through 4	104	62	37	0	3	0		2
Children 5 through 9	48	27	21	0	0	0		0
Children 10 through 14	79	53	25	0	0	0		1
Children 15 through 19	314	217	94	0	1	0		2
Children 20 through 24	465	306	151	0	5	0		3
Children 0 through 24	1,517	933	559	1	10	0	0	14

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	483	22	2
Children 1 through 4	99	5	0
Children 5 through 9	47	1	0
Children 10 through 14	78	1	0
Children 15 through 19	302	12	0
Children 20 through 24	447	18	0
Children 0 through 24	1,456	59	2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,223,258	796,897.0	394,557.0	6,061.0	9,084.0	461.0	16,198.0	0	2004
Percent in household headed by single parent	29.6	17.9	56.8	26.0	13.9	32.1	32.7	23.8	2004
Percent in TANF (Grant) families	1.5	1.1	5.8	0.9	0.7	0.9			2004
Number enrolled in Medicaid	487,989	215,564.0	247,001.0	1,677.0	2,998.0			20,749.0	2004
Number enrolled in SCHIP	60,655	37,655.0	21,151.0	559.0	470.0	3.0		817.0	2004
Number living in foster home care	5,594	2,686.0	2,825.0	16.0	10.0	5.0		52.0	2004
Number enrolled in food stamp program	173,624	66,403.0	103,454.0	164.0	409.0	391.0		2,803.0	2004
Number enrolled in WIC	208,647	107,962.0	91,053.0	1,633.0	1,486.0	284.0	739.0	5,490.0	2004
Rate (per 100,000) of juvenile crime arrests	4,629.0	4,024.0	5,677.0						2004
Percentage of high school drop-outs (grade 9 through 12)	3.8	2.3	3.6	28.3	35.0			38.0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,187,861.0	35,397.0		2004
Percent in household headed by single parent	29.6	25.7		2004
Percent in TANF (Grant) families	2.7	1.1		2004
Number enrolled in Medicaid	482,006.0	5,984.0		2004
Number enrolled in SCHIP	59,424.0	1,231.0		2004
Number living in foster home care	5,496.0	98.0		2004
Number enrolled in food stamp program	170,821.0	2,803.0		2004
Number enrolled in WIC	193,166.0	15,481.0		2004
Rate (per 100,000) of juvenile crime arrests			4,629.0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.4	36.0		2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	882,653
Living in urban areas	678,193
Living in rural areas	545,065
Living in frontier areas	0
Total - all children 0 through 19	1,223,258

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	4,530,182.0
Percent Below: 50% of poverty	6.7
100% of poverty	15.0
200% of poverty	34.4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AL

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,223,258.0
Percent Below: 50% of poverty	8.5
100% of poverty	21.6
200% of poverty	41.6

FORM NOTES FOR FORM 21

Form 21 HSI #06A, #06B, #10, #11, and #12

The estimates for these measures were provided by the Center for Business and Economic Research and are based on Census Bureau data.

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data.
- 2. Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000.

The data are only available for the 0-17 year age grouping.
- 3. Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
Data for this item was provided by the Alabama Department of Human Resources.

As of May 31, 2005, a total of 32,376 children were receiving Family Assistance (TANF) in Alabama. The total number of families receiving Family Assistance was 18, 208.

Utilizing the breakdown of families by race provided, the number of children by race (not provided) was calculated by multiplying the number of families by race by a factor derived by taking the total number of children receiving services divided by the total number of families receiving services, thus yielding children receiving services by race.
- 4. Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2006
Field Note:
Data from the Alabama Medicaid Agency's Form HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments and Services; Section D (1) - Eligibles for Medical Care by Age, Race, Ethnicity and Sex) Eligibles report.

The Medicaid report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from this report.
- 5. Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
Data for this item was provided by the Alabama State Children's Health Insurance Program (SCHIP) and reflects the enrollment, of ALL Kids, as of September 30, 2004.

The SCHIP report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from this report.

The data are available for children and youth 0 to 18 years of age.
- 6. Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2006
Field Note:
Data for this item was provided by the Alabama Department of Human Resources.

As of May 31, 2005, a total of 173,624 children 0-19 years of age were receiving Food Stamps in 64 counties in Alabama. Data for the remaining three counties, who are on a different computer system, was unavailable. The total number of families, statewide, receiving Food Stamps was 208,524.

Utilizing the breakdown of families by race provided, the number of children by race (not provided) was calculated by multiplying the number of families by race by a factor derived by taking the total number of children receiving services divided by the total number of families receiving services, thus yielding children receiving services by race.
- 7. Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Data is for Fiscal Year 2004.
- 8. Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Data for this item was obtained from the Alabama Criminal Justice Information Center's website, represents 2003 Crime in Alabama, and will be used to calculate Juvenile Crime Arrest Rates for 2004.

Denominator data was provided by the Center for Business and Economic Research and are based on Census Bureau data.

The Juvenile Crime Arrest Rate is calculated by dividing the total of Part I Arrests plus Part II Arrests for persons <= 19 years of age by population projections for youth 10-19 years of age.

Data was available for white and black racial categories only. Juvenile Crime Arrest Rates by race were calculated by utilizing the percentage by race provided through qualitative highlights of Part I and Part II Arrest Data to determine the percentage of the total provided, by race.

9. Section Number: Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama State Department of Education.

The Enrollment data for 2004 was collected in November of 2003 for the 2003-2004 school year. Dropout data for 2004 was collected in October of 2003 for the 2003-2004 school year.

Because the racial composition of Hispanics was unknown, the Hispanic count was added to the "Other and Unknown" category.

10. Section Number: Indicator 09B

Field Name: HSIEthnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data.

11. Section Number: Indicator 09B

Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000.

The data are only available for the 0-17 year age grouping.

12. Section Number: Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama Department of Human Resources.

As of May 31, 2005, a total of 32,376 children were receiving Family Assistance (TANF) in Alabama. The total number of families receiving Family Assistance was 18, 208.

Utilizing the breakdown of families by ethnicity provided, the number of children by ethnicity (not provided) was calculated by multiplying the number of families by ethnicity by a factor derived by taking the total number of children receiving services divided by the total number of families receiving services, thus yielding children receiving services by ethnicity.

13. Section Number: Indicator 09B

Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data from the Alabama Medicaid Agency's Form HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments and Services; Section D (1) - Eligibles for Medical Care by Age, Race, Ethnicity and Sex) Eligibles report.

14. Section Number: Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama State Children's Health Insurance Program (SCHIP) and reflects the enrollment, of ALL Kids, as of September 30, 2004.

The data are available for children and youth 0 to 18 years of age.

15. Section Number: Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama Department of Human Resources.

As of May 31, 2005, a total of 173,624 children 0-19 years of age were receiving Food Stamps in 64 counties in Alabama. Data for the remaining three counties, who are on a different computer system, was unavailable. The total number of families, statewide, receiving Food Stamps was 208,524.

Utilizing the breakdown of families by ethnicity provided, the number of children by ethnicity (not provided) was calculated by multiplying the number of families by ethnicity by a factor derived by taking the total number of children receiving services divided by the total number of families receiving services, thus yielding children receiving services by ethnicity.

16. Section Number: Indicator 09B

Field Name: HSIEthnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Data is for Fiscal Year 2004.

17. Section Number: Indicator 09B

Field Name: HSIEthnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

Data for this item was obtained from the Alabama Criminal Justice Information Center's website, represents 2003 Crime in Alabama, and will be used to calculate Juvenile Crime Arrest Rates for 2004.

Denominator data was provided by the Center for Business and Economic Research and are based on Census Bureau data.

The Juvenile Crime Arrest Rate is calculated by dividing the total of Part I Arrests plus Part II Arrests for persons <= 19 years of age by population projections for youth 10-19 years of age.

Data was unavailable by ethnicity.

18. Section Number: Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama State Department of Education.

The Enrollment data for 2004 was collected in November of 2003 for the 2003-2004 school year. Dropout data for 2004 was collected in October of 2003 for the 2003-2004 school year

19. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama Department of Human Resources through their Characteristics of Children in Foster Care report for October 2004.

Because data presented was for individuals from 0 through 21+ years of age, a factor representing youth 0-19 years in foster care was calculated (total 0-19 years in care divided by total in care) and utilized to determine the report components for the 0-19 year group.

Because report components by race do not add to total in care, differences were added to the unknown racial category for agreement.

20. Section Number: Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Data for this item was provided by the Alabama Department of Human Resources through their Characteristics of Children in Foster Care report for October 2004.

Because data presented was for individuals from 0 through 21+ years of age, a factor representing youth 0-19 years in foster care was calculated (total 0-19 years in care divided by total in care) and utilized to determine the report components for the 0-19 year group.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: AL

SP # 1

PERFORMANCE MEASURE:

Of 0-9 year-old children enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received care coordination in the reporting year.

GOAL

To increase the proportion of EPSDT-enrolled children who receive care coordination services through the Alabama Department of Public Health.

DEFINITION

Numerator:

Number of EPSDT-enrolled children aged 0-9 years who received care coordination services from the Alabama Department of Public Health during the fiscal year.

Denominator:

Total number of EPSDT-enrolled children aged 0-9 years in the fiscal year, per the pertinent Alabama Title XIX report.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No corresponding objective.

DATA SOURCES AND DATA ISSUES

Reports provided by the Alabama Department of Public Health and the Alabama Medicaid Agency.

SIGNIFICANCE

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups." EPSDT-enrolled children and their families may require assistance with accessing health and dental services. Public health social workers and nurses certified in care coordination are uniquely qualified to help children and families access services. These health professionals' provision of care coordination helps ensure that EPSDT-enrolled children are able to acquire and fully benefit from the health and dental services available to them under the Alabama Medicaid Agency's primary care case management program, Patient 1st.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

GOAL

To increase the proportion of Alabama EPSDT-eligible children and youth who receive any dental service in a 1-year period.

DEFINITION

Numerator:

Number of EPSDT-enrolled individuals aged 0-20 years who received any dental service in the fiscal year, per the pertinent Alabama Title XIX report.

Denominator:

Total number of EPSDT-enrolled individuals aged 0-20 years in the fiscal year, per the pertinent Alabama Title XIX report.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-10: Increase the proportion of children and adults who use the oral health care system.

The 2010 baseline for U.S. children, adolescents, and young adults aged 2-19 years whose household income is under 200 percent of the federal poverty level is 20%. The national target is 56%.

DATA SOURCES AND DATA ISSUES

Data source is the "Alabama Title XIX Annual EPSDT Participation Report."

SIGNIFICANCE

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups." Oral health care is an important, but often neglected, component of total health care. Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral disease and conditions. Experts recommend that children as young as age 1 year be examined for evidence of early childhood caries. Further, parents should be advised to avoid feeding practices that may lead to early development of caries and counseled about appropriate use of fluoride and other preventive measures. Necessary tooth restorative care must be provided to avoid pain, abscesses, and the need for tooth extractions. Sealants should be placed shortly after the permanent molars erupt. The percentage of Alabama Medicaid-enrolled children who received dental care in the reporting year increased from 25.6% in FY 2000 to 34.9% in FY 2003. Nevertheless, in light of the Healthy People 2010 objective of 56%, continued efforts to increase the number of dental providers who serve Medicaid-enrolled children and the proportion of Medicaid-enrolled children who receive dental care at least annually.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

The pregnancy rate (per 1,000) for adolescents aged 15-17 years.

GOAL

To lower the pregnancy rate among adolescents, especially those 17 years of age and younger.

DEFINITION

Numerator:

Number of reported pregnancies—including live births, fetal deaths, and abortions—among females aged 15 through 17 years in the calendar year.

Denominator:

Number of females aged 15 through 17 years in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

9-7: Reduce pregnancies among adolescent females.

The target specified in Healthy People 2010 is "43 pregnancies per 1,000." Healthy People specifies several subgroup-specific targets, including targets for African, white, Hispanic, and other groups.

DATA SOURCES AND DATA ISSUES

Data sources for the numerator are Alabama vital statistics files for, respectively, live births, fetal deaths, and abortions. Data sources for the denominator are U.S. census data and population estimates provided by the University of Alabama's Center for Business and Economic Research.

SIGNIFICANCE

This performance measure pertains to the priority maternal and child health need to "further reduce the adolescent pregnancy rate." Adolescent pregnancy is of great concern in Alabama, as well as in the nation. Various socioeconomic disadvantages and suboptimal health outcomes, including infant mortality, have been linked with adolescent pregnancy. Though these links are not necessarily causal, some factors that predispose an adolescent to become pregnant may also place her infant at higher risk of death. Prevention of adolescent pregnancy is generally desirable, therefore, to allow the adolescent additional time to mature and avail herself of social and economic opportunities before assuming the responsibilities of motherhood. Moreover, even though links between adolescent pregnancy and adverse pregnancy outcomes should not be assumed to be causal, having an adolescent mother is an important indicator of infants who may be at greater risk of morbidity and mortality. Pregnancy among adolescents aged 17 years and younger is of particular concern. Though pregnancies in persons under 15 years of age are of tremendous concern, pregnancy rates are not stable in this group due to small numbers in the statistical sense. Therefore, this performance measure focuses on teens from 15 through 17 years of age, as does the corresponding Healthy People 2010 objective.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

The percentage of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation in the Youth Risk Behavior Survey (YRBS).

GOAL

To reduce the prevalence of consumption of smokeless tobacco by white male adolescents.

DEFINITION

This measure will consist of the percentage reported from the Center for Disease Control and Prevention's (CDC's) annually conducted YRBS. The specific indicator, as reported on the YRBS website, is "Percentage of Students Who Used Chewing Tobacco or Snuff on One or More of the Past 30 Days." Though the website does not provide numerators and denominators, it does report 95% confidence intervals.

Numerator:

Not readily available.

Denominator:

Not readily available.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

27-2-c: Reduce the use of spit tobacco by adolescents (past month).
The 2010 target for white males is 18%.

DATA SOURCES AND DATA ISSUES

The data source is the YRBS database, which can be queried on CDC's YRBS website: <http://apps.nccd.cdc.gov/YRBSS/>. This website can be queried for individual YRBS indicators. As well, queries can request stratification by race, sex, or race and sex concurrently. (Other types of stratification can also be requested.)

SIGNIFICANCE

This measure pertains to the State's priority maternal and child health need to "reduce the prevalence of high risk behaviors, including those predisposing to obesity, in adolescents." Tobacco use causes many serious health problems, and chewing tobacco and snuff are NOT safe alternatives to cigarettes or other forms of tobacco. Use of spit tobacco (including chewing tobacco and snuff) causes serious oral health problems, including cancer of the mouth and gum, periodontitis, and tooth loss (Healthy People 2010, citing 2 primary sources). According to the 2003 YRBS, 27.3% of Alabama white male high school students had used chewing tobacco or snuff in the 30 days preceding the survey. In addition to being higher than for any other Alabama subgroup defined by race and sex, this prevalence of having used smokeless tobacco was significantly higher than the corresponding prevalence for U.S. white males, of 13.2%.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

The degree to which the State CSHCN Program assures that all Children and Youth with SHCN have adequate access to primary and specialty care and allied health and other related services.

GOAL

To assure access to comprehensive primary/specialty care and allied health and other related services for Alabama's Children and Youth with special health care needs.

DEFINITION

A checklist measures five characteristics that document a system to assure that the State's Children and Youth with SHCN have access to primary/specialty care and allied health and other related services that are quality, comprehensive, family-centered, and culturally competent. Boxes are checked to indicate the most accurate deescription of the degree to which the system has been developed and implemented.

Numerator:

Not applicable

Denominator:

Not applicable

Units: 15 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

No corresponding objective

DATA SOURCES AND DATA ISSUES

The State CSHCN Program

SIGNIFICANCE

Providing CYSHCN with appropriate, high quality care that is comprehensive, family-centered, and culturally competent is crucial to the success of the child or youth across all aspects of life. One recurrent theme across family forums conducted for the Title V needs assessment related to family concerns of inadequate access to providers and a general feeling that providers did not understand the comprehensive medical, social, and developmental transition needs of their children. In addition, inadequate number and distribution of specialty and allied or other related health services ranked as one of the top five barriers to care statewide in analysis of a county-level survey of service providers. The State CSHCN program is uniquely qualified to increase awareness and provide education to providers related to the comprehensive needs of this population in a training that includes the principles of family-centered care, cultural competence, and transition.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

The degree to which the State CSHCN Program collaborates with schools, advocacy groups, and families to enhance inclusive participation by Children and Youth with SHCN in their schools and communities

GOAL

To increase collaboration with schools, advocacy groups, and families to promote participation of Alabama's Children and Youth with special health care needs in their schools and communities

DEFINITION

A checklist measures five characteristics that document a system to assure that the State CSHCN Program collaborates with schools, advocacy groups, and families to promote participation of Alabama's Children and Youth with special health care needs in their schools and communities. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented.

Numerator:

Not applicable

Denominator:

Not applicable

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

No corresponding objective

DATA SOURCES AND DATA ISSUES

The State CSHCN Program

SIGNIFICANCE

A recurrent theme across family forums conducted for the current and previous Title V needs assessment related to family dissatisfaction with the educational system. Families of CYSHCN have experienced difficulty in advocating for the inclusion of appropriate adaptive and health-related services in the school environment to support the educational, vocational, recreational, and independent living goals for their children. In addition, families report a lack of understanding of educational rights and a general feeling that school staff and service providers did not understand the complex medical, social, developmental, and transition needs of their children. Title V CSHCN programs historically have experience working with a broad spectrum of public and private service providers and multiple funding streams to facilitate services for children, youth, and families and are, therefore, uniquely qualified to offer technical assistance, coordination, advocacy, and support to this population within the educational environment.

OBJECTIVE

2006	2007	2008	2009	2010
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PERFORMANCE MEASURE:

The degree to which the Bureau of Family Health Services (Bureau) collects, analyzes, and disseminates findings from data pertinent to ongoing maternal and child health (MCH) needs assessment.

GOAL

To conduct ongoing MCH needs assessment, and disseminate salient findings to stakeholders in a user-friendly manner.

DEFINITION

This measure is scored on a scale of 0-18, using a checklist located in Appendix F, which is obtainable by e-mailing acowden@adph.state.al.us. The checklist includes items pertaining to: 1) infant mortality review; 2) child death review; 3) analysis of the circa 2003 National Survey of Children's Health database; 4) periodic provision of a statewide report and of regional reports, for each of the State's 5 perinatal regions, on key MCH indicators; 5) production of a reader-friendly statewide needs assessment report focusing on pregnancy and infancy; and 6) production of a reader-friendly statewide needs assessment report focusing on children and youth.

Numerator:

Not applicable.

Denominator:

Not applicable.

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

No precisely corresponding objective.

DATA SOURCES AND DATA ISSUES

Checklist developed by the Bureau, which includes each criterion mentioned in the definition. Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for the indicator is the sum of the scores for the 6 items.

SIGNIFICANCE

This performance measure pertains to the State's priority MCH need to "further develop the Title V Program's capacity to collect and analyze health-related data and translate findings into information for key stakeholders." The 3 core functions of public health are assessment, policy development, and assurance. These functions have been expanded into 10 essential public health services (reference: Healthy People 2010, which cites primary sources). Two of the essential public health services are especially pertinent to this performance measure: to 1) monitor health status to identify community health problems; and 2) inform, educate, and empower people about health issues. Accomplishment of the 2 preceding essential functions is necessary for the performance of 2 other essential functions: to 1) mobilize community partnerships to identify and solve health problems, and 2) develop policies and plans that support individual and community efforts. In the case of this performance measure, the targeted communities are the State and its 5 perinatal regions.

OBJECTIVE

2006	2007	2008	2009	2010
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SO # 1

OUTCOME MEASURE:

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

GOAL

To reduce the homicide/legal intervention death rate for African American males 15 to 19 years of age.

DEFINITION

Numerator:

The number of 15 to 19 year old African American male deaths due to homicide or legal intervention

Denominator:

The number of African American males 15-19 years of age

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data source for the numerator is the Alabama Center for Health Statistic's mortality database. Data source for the denominator is the Alabama State Data Center's (Center for Business and Economic Research , University of Alabama) annual population projections, as reported in ADPH's annual Vital Events publication.

SIGNIFICANCE

Homicide and legal intervention are collectively the leading cause of death among African American males aged 15 to 19 years. Consequently, a wide racial gap exists with respect to deaths due to homicide and legal intervention in this age group. Although the homicide/legal intervention death rate among African American males in this age group has been declining, further decline is needed.

OBJECTIVE

2006	2007	2008	2009	2010
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